FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									- FILED					
PROFIT FLORIDA DEPARTA						MENT OF STATE					_ _			
CORPORATION Sandra B. N						Mortham			Jan 30 19	98	8:()()	am	
ANNUAL REPORT Secretary of														
1998 DIVISION OF CO						RPORATIONS			Secreta	rv c)	sta	ate	
DOCUI 1. Corporation BELL T	n Name	# L37768 IALL TRAVEL, INC.	3	(3)						J				
Principal Place of Business Mailing Address									l IBBRABII DEN ILIAK IBBRA ANNIA NIIBI I	015 BIB\$1 8 1B1		11 BIBI	B1B(10#)	
13499 S CLEVELAND AVE 13499 S CLEVELAND AVE														
#245 #245 FORT MYERS FL 33907 FORT MYERS FL 33907									DO NOT WRIT	E IN THIS	SPACE			
US									3. Date Incorporated or Qualified					
2. Principal P	tage of Buri	nace	20	Mailing Address					12/21/1989 4. FEI Number			140	plied For	
21 PINCIPAL P	ace or busi	11055	26	Maining Address				1	65-0160853		-		t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.	_	dditional	
22				0. 0.0.					<u> </u>			quired		
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution	П			May Be o Fees	
Zip		Country	201	28					8. This corporation owes or has p					
24						30			Personal Property Tax due Jun	e 30.	☐ Yes	_] No	
		and Address of Current	Regis	tered Agent		81	Name		10. Name and Address of New R	egistered	Agent			
	LCH, LOU					Ш								
13499 S CLEVELAND AVE, #245 BELL TOWER SHOPS						82 Street Addre			s (P.O. Box Number is Not Accepta	ıble)				
FORT MYERS FL 33907						83								
						84	City				85	Zip C	2ode	
dd	4- 11		1	07 1500 Flatida Flatid	م مطل مما		,		ation as basita this atatament for the	FL	_			
office or re	io ine provis egistered aç	gent, or both, in the State	of Florid	da. Such change was a	es, me a authorize	d by	the corp	oration	ation submits this statement for the 's board of directors. I hereby acce	purpose c	pointme	nt as	registered	
	m rambian w	in, and accept the boliga	a A	r, Section 607.0303, Fig A. L. J	onda Sia	lutes	i.			1-21	-90	,		
SIGNATURE	Signatore, typed	or printed name of registered ager			E Registere	d Age	nt signature	required	when reinstating)	DATE	70			
12.	DD.	OFFICERS AND	DIREC	CTORS DELETE	13.				ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC		S IN 12 Addition	
TITLE NAME	PD WEICH	, LOIS ANN		ET DETELE	1.1 TI 1.2 N						L. J. Oile	mye	L Accinon	
STREET ADDRESS		POINTE CIRCLE					ADDRESS							
CITY-ST-ZIP		IYERS FL				ITY-Si	- 1							
TITLE	STD			DELETE	2,1 🏋	TLE	-				Cha	ınge	Addition	
NAME		, PATRICK JOSEPH			2.2 N								.4	
STREET ADDRESS	11687 POINTE CIRCLE FORT MYERS FL						2.3 STREET ADORESS 2. 4 CITY - ST - ZIP			-4-0				
CITY-ST-ZIP TITLE	TOTAL MILITOR		·	DELETE		3.1 TITLE					☐ Cha	ınge	Addition	
NAME					3.2 N	AME.								
STREET ADDRESS					3.3 \$1	REET.	ADDRESS							
CITY-ST-ZIP				DELETE	_	ITY-S	T- ZIP				Cha		Addition	
TITLE NAME				FT DETEIE	4,1 TI 4, 2 N						واان لين	រះប៉ុន		
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP						TY-SI	- 1							
TITLE				DELETE	5.1 TI				··· ··· ··		Cha	nge	☐ Addition	
NAME					5.2 N/									
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP					5.4 CI	TY-ST	-Zir						1 2 2 2 2 2	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change ☐ Addition