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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **L47947**

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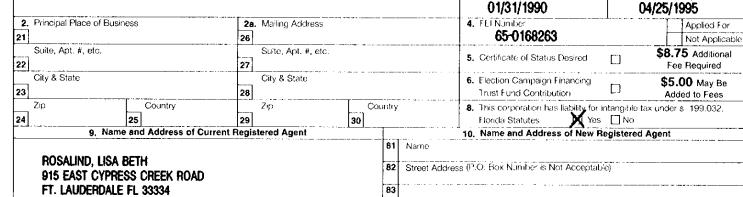
Corporation Name

COMPLETE TRAVEL, INC.

Principal Place of Business
915 EAST CYPRESS CREED ROAD FT. LAUDERDALE FL 33334 US

Mailing Address

915 EAST CYPRESS CREEK RD. FT. LAUDERDALE FL 33334 US



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

	n, and accept the obligations of, Section 6	07.0505, Florida Statutes					
SIGNATURE _	Signature, typed or printed name of registered agonit and lit		It. Rogishered Agent squarting recurred	when no stoling	£1 <u>41</u> }		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	. 1. 1 TIBLE		☐ Change	Addition	
NAME	Lisabeth, Rosalind		1.2 NAME				
STREET ADDRESS	7121 NW 44TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	Lauderhill Fl		1.4 CHY- ST-ZIP				
TITLE	D	☐ DELETE	2 1 THILE		Change	Addition	
NAME	alterman, sheila B.		2.2 NAME				
STREET ADDRESS	7850 NW 5TH PLACE		2 3 STREET ADDRESS				
CITY - ST - ZIP	PLANTATION FL		2 4 C-TY+ST-ZiP				
TITLE		☐ DELETE	3 1 TITLE	······································	☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-ST-ZIP			3 4 CITY - ST - ZIF				
TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STHEET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
113LE		DELETE	5 1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-S1-2IP			5.4 CITY+ST+ZIP				
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 entachment with an address.

SIGNATURE: Rosalinal Lisabette ROSALIND LISABETH 3/19/96 (954)771-008

CR2E034 (12/95)

3a. Date of Last Report

85

Zip Code

3. Date Incorporated or Qualified