

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L86493** (8)

1. Corporation Name
BAY AREA TRAVEL, INC.

Principal Place of Business Mailing Address
2803 W. BUSCH BLVD. SUITE 107 TAMPA FL 33618 **2803 W. BUSCH BLVD. SUITE 107 TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1990** 3a. Date of Last Report **08/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2909 Bay to Bay Blvd** 26 **2909 Bay to Bay Blvd**
Suite, Apt #, etc Suite, Apt #, etc
22 **Suite 109** 27 **Suite 109**
City & State City & State
23 **Tampa FL** 28 **Tampa FL**
City Country City Country
24 **33629** 25 **US** 29 **33629** 30 **US**

4. FEI Number **59-3018977** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This Corporation has liability for intangible tax under S 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KNOPKE, WILLIAM C. II
2803 WEST BUSCH BLVD.
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE _____ (Signature) (Typed name of registered agent and their address) (DATE) (Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD KNOPKE, WILLIAM C. II 2803 WEST BUSCH BLVD. SUITE 107 TAMPA FL 33618	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	CD KNOPKE, WILLIAM C. II 2909 Bay to Bay Blvd Suite 109 Tampa Fl 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DP LEE, BRIAN M. 2803 WEST BUSCH BLVD. TAMPA FL 33618	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	DP LEE, BRIAN M 2909 BAY TO BAY Blvd Suite 109 Tampa Fl 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D KNOPKE, WILLIAM C. SR. 2803 WEST BUSCH BLVD. SUITE 107 TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	D KNOPKE, WILLIAM C. SR 2909 Bay to Bay Blvd Suite 109 Tampa Fl 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S REMO, ARMANDO G. 2803 WEST BUSCH BLVD., SUITE 107 TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	S REMO, ARMANDO G. 2909 Bay to Bay Blvd Suite 109 Tampa Fl 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), 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 or liquidator thereof and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or added attachment with an address.

SIGNATURE: **WILLIAM C. KNOPKE II** 5/23/95 813 8392605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE NUMBER