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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M11668 DOCUMENT #
1. Corporation Name

(4)

MARTIN DOWNS TRAVEL, INC.

Principal Place of Business

Mailing Address



3168 SW MARTIN DOWNS BLVD. Palm City Fl 34990			3168 SW MARTIN DOWNS BLVD. Palm City Fl 34990			
					3. Date Incorporated or Qualified 02/22/1985	3a. Date of Last Report 05/01/1995
Principal Place of Business 2a. Mailing Add			SS		4. FEI Number	Applied For
21		26			59-2528233	Not Applicab
Suite, Apt.	#, etc	Suite, Apt. #, etc 27	······································		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	• •		Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	•
	9. Name and Address of Cu				10. Name and Address of New R	egistered Agent
			81	Name		
GILMOI 66 W. I	Т	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 608 MIAMI FL 33130			83			
			84	City		FL 85 Zip Code
or register familiar v.	vith, and appoint the obligations of	1902 and 807, 1908, Florida Statute Bection 507, 0505, Florida Statute TOTAL ATTENDED TO THE STATUTE OF THE STA	ext X	pration's hoa	ration submits this statement for the pur ind of directors. Thereby accept the app	ontment as registered agent. I an
12.	OFFICERS	AND DIRECTORS	I 13.	say a recordars	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TilLE	P	DELLE TE	1 1 TITLE			Change 🔲 Addition
NAME	ROSENBLATT, HAROLD	N.	1.2 NAME			
STREET ADDRESS	2320 S.W. SUNSET TRL.		13 STREET	ADDRESS		
CITY - ST-ZIP	PALM CITY FL		1.4 CifY - S	f - ZIF		
TITLE	V	DELETE				Change Addition
NAME	ROSENBLATT, JEAN R.		2.2 NAME			
STREET ADDRESS			. 23 STREET	ADDRESS		
CITY - ST - ZIP	LIGHTHOUSE POINT FL		2.4 Cl*r - \$	7 - ZiP		
TITLE	T ☐ DELETE		3 1 1111.6			☐ Change ☐ Addition
NAME	ROSENBLAT, ROBERT A		3.2 NAME			
STREET ADDRESS	1	CR.	3.3 STHEE	ADDRESS		
CHTY-ST-ZIP	MIAMI FL		3.4 CITY - S	T - ZIP		5 3.05
TITLE		☐ DELETE	4 1 1111 [F			Change
NAME			4.2 NAME			
STREET ADDRESS	i		4.3.S.FEET	!		
CITY-ST-ZIP		FT 151.614	4 4 CHY - 5	T - 21F		Change Addition
TITLE		☐ DELETE	5 1 7171.5			Clicuseds Clivatoria
NAMÉ			5.2 NAME			
STREET ADDRESS	5		53 SPHE	i		
CITY - ST - ZIP		Property of the control of the contr	5.4 C(TY - S	1 - ZIP		Change C Addison
TITLE		DELETE	6 1 TITLE			Change 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS	5		63 STHEE			
CITY - ST - ZIP			6.4 CITY - S	ST ZIP		

14. Ido 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 attachment with an address.

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR