

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
CORPORATIONS

1995 7-6-95

B-74508

95 JUL -6 AM 8:19

DOCUMENT # M18716 (4)

1. Corporation Name

ROAD AMERICA TRAVEL AND TOURS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

225 ALCAZAR AVE
CORAL GABLES FL 33134
US

Mailing Address

225 ALCAZAR AVE.
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1985

3a. Date of Last Report

07/26/1994

4. FEI Number

59-2558767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance
Trust Fund Contributor

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes Yes No

2. Principal Place of Business

21

State, Apt #, etc

22

City & State

24

2a. Mailing Address

26

State, Apt #, etc

27

City & State

29

2b. Mailing Address

30

State, Apt #, etc

31

City & State

33

9. Name and Address of Current Registered Agent

HUTCHINSON, ALBERT N.
225 ALCAZAR AVENUE
CORAL GABLES FL 33134

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 607.6602 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 (initial with, and) accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the associate

agent) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
HUTCHINSON, ALBERT N.
225 ALCAZAR AVE
CORAL GABLES FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

VPD
FANTIS, DENNIS M.
5311 ORDUNA DR.
CORAL GABLES FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

S
WILSON, BETTY J
310 SW 64 CT
MIAMI FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

VPD
RUDICK, LEE
7200 SW 139 ST.
MIAMI FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

Change Addition

42 NAME

VP, D, Secretary

43 STREET ADDRESS

Rudick, Lee

44 CITY ST ZIP

7200 SW 129 Street, Miami, FL 33156

51 TITLE

Change Addition

52 NAME

Treasurer, Director

53 STREET ADDRESS

David W. Cash

54 CITY ST ZIP

2305 SW 183 Terrace, Miramar, FL 33029

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE RUDICK

(305) 446-4690