FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:10

DOCUMENT # **M24739** **(8)**

1. Corporation Name
CITIZENS TRAVEL, INC.

Principal Place of Business
% COPORATE ACCOUNTING
1100 W. MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address
% COPORATE ACCOUNTING
1100 W. MCNAB ROAD
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/17/1985**
3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2617482** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMNER, ALFRED R.
1221 BRICKELL AVENUE 25TH FLOOR
MIAMI FL 33131

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	1.1 TITLE		☐ Change ☐ Addition
NAME	TRILLING, MORTON	1.2 NAME		
STREET ADDRESS	1100 W. MCNAB RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD. FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	STUZIN, RUTH E.	2.2 NAME		
STREET ADDRESS	1221 BRICKELL AV 16TH FL	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STUZIN, ROSALYN	3.2 NAME		
STREET ADDRESS	1221 BRICKELL AV 16TH FL	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	~~V~~	4.1 TITLE	V/S/T	☐ Change ☒ Addition
NAME	~~BAILEY, ROSETTA~~	4.2 NAME	FLAMM, CARY L.	
STREET ADDRESS	~~1100 W. MCNAB RD.~~	4.3 STREET ADDRESS	1100 W. MCNAB RD.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	4.4 CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	~~VST~~	5.1 TITLE	V	☒ Change ☐ Addition
NAME	CHRISTENSEN, THOMAS A.	5.2 NAME		
STREET ADDRESS	1100 W. MCNAB RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	STUZIN, DR. JAMES	
STREET ADDRESS		6.3 STREET ADDRESS	1221 BRICKELL AV 16TH FLOOR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL	

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)(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: _____ **Cary L. Flamm March 21,1995.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(305) 979-6600

0217608 CP