

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M24739** (8)

1. Corporation Name

CITIZENS TRAVEL, INC.



Principal Place of Business

% CORPORATE ACCOUNTING
1100 W. MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address

% CORPORATE ACCOUNTING
1100 W. MCNAB ROAD
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

12/17/1985

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Madeline Domino

4. FEI Number

59-2617482

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

400 N. Ashley

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33602-1234

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	TRILLING, MORTON	
STREET ADDRESS	1100 W. MCNAB RD	
CITY - ST - ZIP	FT. LAUD. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUZIN, RUTH E.	
STREET ADDRESS	1221 BRICKELL AV 16TH FL	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUZIN, ROSALYN	
STREET ADDRESS	1221 BRICKELL AV 16TH FL	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUZIN, DR. J	
STREET ADDRESS	1221 BRICKELL ACE 16TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, THOMAS A.	
STREET ADDRESS	1100 W. MCNAB RD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	FLAMM, CARY L	
STREET ADDRESS	1100 W. MCNAB RD	
CITY - ST - ZIP	FT. LAUDERDALE FL	

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sink, Adelaide A.	
1.3 STREET ADDRESS	400 N Ashley Dr	
1.4 CITY - ST - ZIP	Tampa, FL 33602-4300	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mallard, Larry W.	
2.3 STREET ADDRESS	400 N Ashley Dr	
2.4 CITY - ST - ZIP	Tampa, FL 33602-4300	
3.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lowman, Rita J.	
3.3 STREET ADDRESS	100 N Tampa St	
3.4 CITY - ST - ZIP	Tampa, FL 33602-5126	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bailey, James T.	
4.3 STREET ADDRESS	1100 W McNab Rd	
4.4 CITY - ST - ZIP	Fort Lauderdale, FL 33309	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mulcahy, Michael J.	
5.3 STREET ADDRESS	600 Peachtree St NE	
5.4 CITY - ST - ZIP	Atlanta, GA 30308-2214	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Newman, Susan Mays	
6.3 STREET ADDRESS	101 S Tryon St	
6.4 CITY - ST - ZIP	Charlotte, NC 28255-0001	

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 attachment with an address.

SIGNATURE:

James T. Bailey

James T. Bailey Sr. V.P. February 16, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 979-6600

CR2E034 (12/95)