

**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      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**  
4. FEI Number: **59-2617482**  
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

2. Principal Place of Business      2a. Mailing Address  
21      26 **Madeline Domino**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27 **400 N. Ashley**  
City & State      City & State  
23      28 **Tampa, FL**  
Zip      Country      Zip      Country  
24      25      29 **33602-1234**      30

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      85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP TRILLING, MORTON 1100 W. MCNAB RD FT. LAUD. FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P Sink, Adelaide A. 400 N Ashley Dr Tampa, FL 33602-4300
NAME	D STUZIN, RUTH E. 1221 BRICKELL AV 16TH FL MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/V Mallard, Larry W. 400 N Ashley Dr Tampa, FL 33602-4300
STREET ADDRESS	D STUZIN, ROSALYN 1221 BRICKELL AV 16TH FL MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D/V Lowman, Rita J. 100 N Tampa St Tampa, FL 33602-5126
CITY-ST-ZIP	D STUZIN, DR. J 1221 BRICKELL ACE 16TH FLOOR MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V Bailey, James T. 1100 W McNab Rd Fort Lauderdale, FL 33309
TITLE	V CHRISTENSEN, THOMAS A. 1100 W. MCNAB RD. FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V Mulcahy, Michael J. 600 Peachtree St NE Atlanta, GA 30308-2214
NAME	VST FLAMM, CARY L 1100 W. MCNAB RD FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE V Newman, Susan Mays 101 S Tryon St Charlotte, NC 28255-0001
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 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 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 Sr.*      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)