## 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

Principal Plac	MENT # M709 N STREET TRAVEL, INC. The of Business (OODLAND BLVD.	Mailing Address 237 N. WOODLAN	D BLVD.		
DELAND	FL 32720-1248	DELAND FL 32720	-1248		
•				3. Erate Incorporated or Qualified 03/22/1988	3a. Date of Last Report 01/13/1995
21 Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2888448	Not Applicable
City & Stat	9	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State		6. Election Campaign Financing	= \$5.00 May Ro
Zip 24	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25 9. Name and Address of Curre	29	30	This corporation has liability for in Florida Statutes	□No
	and And Andreas of Curie	iit Negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
MCM/	WAN, MARY B.		1		
	INE TREE TR.		82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
DELAI	ND FL 32724		83		
			84 City		10:17:0
11. Pursuant t	o the provisions of Sections 607,0502	2 and 607.1508, Florida Statut	es the above-named correc	oration submits this statement for the purp and of direc ors. I hereby accept the appoi	FL 85 Zip Code
too	eu agent, or both, in the State of Flori	da. Such change was authorize	ed by the semi-	oration submits this statement for the purp	ose of changing its registered office.
ramıllar wit	in, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	ed by the corporation's boa	and of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURF					ntment as registered agent. I am
SIGNATURF	Signature, typed or printed name of registered agent	and title if applicable. INC	DTE Registered Agent signature require	red when reinstating)	DATE
SIGNATURE _	Signature, typed or printed name of registered agert OFFICERS ANI	and title if applicable. INC	DTE Registered Agent signature require 13.		DATE DERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI P MCMAHAN, MARY B.	and tile if applicable. INC DID DIRECTORS	DTE Registered Agent signature require	red when reinstating)	DATE
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