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

APPROVED AND FILED

'95 APR 18 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M93270** **(0)**

1. Corporation Name
PROMOTIONAL TRAVEL, INC.

Principal Place of Business	Mailing Address
407 WHOOPING LOOP. STE 1679 ALTAMONTE SPRINGS FL 32701	407 WHOOPING LOOP. STE 1679 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 283 N. Northlake Blvd
Suite, Apt. #, etc.
22 230
City & State
23 Altamonte Springs, FL
Zip 24 32701 County 25 Seminole

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-2904987** ☐ 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 taken, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOSMAS, R. PAUL
751 THIRD AVE.
NEW SMYRNA BEACH FL 32069

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 32769

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 listed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1 1 TITLE		☐ Change ☐ Addition
NAME	KOSMAS, R. PAUL	1 2 NAME		
STREET ADDRESS	751 THIRD AVE.	1 3 STREET ADDRESS		
CITY ST ZIP	NEW SMYRNA BCH. FL	1 4 CITY ST ZIP		
TITLE	DV	2 1 TITLE		☐ Change ☐ Addition
NAME	KOSMAS, NICHOLAS G.	2 2 NAME		
STREET ADDRESS	751 THIRD AVE.	2 3 STREET ADDRESS		
CITY ST ZIP	NEW SMYRNA BCH. FL	2 4 CITY ST ZIP		
TITLE	DV	3 1 TITLE	DP	☒ Change ☐ Addition
NAME	KOSMAS, STEVEN P.	3 2 NAME		
STREET ADDRESS	751 THIRD AVE.	3 3 STREET ADDRESS		
CITY ST ZIP	NEW SMYRNA BCH. FL	3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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)(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: Steven P. Kosmas 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407-339-1678
Daytime Phone #

0096943 CP