

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M96502 (3)

1. Corporation Name

SALES AND MARKETING OF RETAIL TRAVEL, INC.



Principal Place of Business

Mailing Address

C/O JAMES F. WACKSMAN
3380 CAPITAL CIRCLE NE. STE 2
TALLAHASSEE FL 32308

C/O JAMES F. WACKSMAN
3380 CAPITAL CIRCLE NE. STE 2
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2908806

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

10. Name and Address of New Registered Agent

WACKSMAN, JAMES F.
3380 CAPITAL CIRCLE, N.E.
SUITE 2
TALLAHASSEE FL 32308

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

TITLE P
NAME WACKSMAN, JAMES F.
STREET ADDRESS 3380 CAPITAL CIR NE #2
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE C
NAME KEEN, J. VELMA, II
STREET ADDRESS 504 SWEETWATER CLUB CIR.
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

TITLE ST
NAME MILLER, M. LANCE
STREET ADDRESS 302 3RD ST #1
CITY-ST-ZIP NEPTUNE BCH. FL ☐ DELETE

TITLE V
NAME FRANCHESCHI, LEE ANN
STREET ADDRESS 2909 IVANHOE RD.
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME WACKSMAN, CATHY
STREET ADDRESS 2644 STONEGATE WAY
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME KEEN, SHARON
STREET ADDRESS 504 SWEETWATER CLUB CIR
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001902517
-07/23/96--01136--013
***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)