

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001082 (6)

1. Corporation Name

FLORIDA SELLERS OF TRAVEL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**215 S. MONROE STREET
STE. 350
TALLAHASSEE FL 32301-1802**

**215 S. MONROE STREET
STE. 350
TALLAHASSEE FL 32301-1802**

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
11/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3223528

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

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

**FLEETWOOD, ROSS
215 S. MONROE STREET
STE. 350
TALLAHASSEE FL 32301-1802**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FLEETWOOD, ROSS**
STREET ADDRESS **215 S. MONROE ST., SUITE 350**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ~~VP~~ ☐ DELETE
NAME **DEPUY, C.E. JR.**
STREET ADDRESS **215 S. MONROE ST., SUITE 350**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

21 TITLE **DIRECTOR** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ~~CD~~ ☒ DELETE
NAME ~~GREINER, WILLIAM S.~~
STREET ADDRESS ~~534 E. COLLEGE AVENUE~~
CITY-ST-ZIP ~~TALLAHASSEE FL 32301~~

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HERRON, JAMES M SR.**
STREET ADDRESS **151 TREASURE ISLAND C'WAY**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HAMILTON, ROY**
STREET ADDRESS **4800 NORTH FEDERAL HWY., STE. 200-B**
CITY-ST-ZIP **BOCA RATON FL 33431**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SMITH, WILLIAM**
STREET ADDRESS ~~6400 NORTH ANDREWS AVE., STE. 200~~
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS **6400 NORTH ANDREWS AVE., STE. 200**
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ross Fleetwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS FLEETWOOD, PRESIDENT

1/19/96 (904) 224-7682

Date

Daytime Phone #

CR2E037 (12/95)