

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000001082 (6)**

1. Corporation Name

SELLERS OF TRAVEL ASSOCIATION, INC.



Principal Place of Business 311 S. CALHOUN STREET STE. 201 TALLAHASSEE FL 32301-1807	Mailing Address 311 S. CALHOUN STREET STE. 201 TALLAHASSEE FL 32301-1807	3. Date Incorporated or Qualified 03/03/1994
		4. FEI Number 59-3223528
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

9. Name and Address of Current Registered Agent FLEETWOOD, ROSS 311 S. CALHOUN STREET STE. 201 TALLAHASSEE FL 32301-1807	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
--	--

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 title 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 FLEETWOOD, ROSS 215 S. MONROE ST., SUITE 350 TALLAHASSEE FL 32301	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DEPUY, C.E. JR. 215 S. MONROE ST., SUITE 350 TALLAHASSEE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HERRON, JAMES M SR. 151 TREASURE ISLAND C'WAY TREASURE ISLAND FL 33706	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HAMILTON, ROY 4800 NORTH FEDERAL HWY., STE. 200-B BOCA RATON FL 33431	4.1 TITLE	DIRECTOR SALZEDO
NAME		4.2 NAME	MARTIN A. SALZEDO
STREET ADDRESS		4.3 STREET ADDRESS	1850 ELLERDR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	D SMITH, WILLIAM 6400 N ANDREWS AVE STE 200 FT. LAUDERDALE FL	5.1 TITLE	DIRECTOR
NAME		5.2 NAME	NICHOLAS V. DeLCORSO
STREET ADDRESS		5.3 STREET ADDRESS	1 BEACH DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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* Ross Fleetwood p/d 2/25/98 (850) 224-7682

CR2E037 (10/97)