

# 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 # N95000002699 (5)**

1. Corporation Name

**NATIONAL ASSOCIATION OF SELLER OF TRAVEL ALLIANC  
E, INC.**



Principal Place of Business

Mailing Address

**888 SOUTH ANDREWS AVE.  
SUITE 203-B  
FT. LAUDERDALE FL 33316**

**888 SOUTH ANDREWS AVE.  
SUITE 203-B  
FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified  
**06/08/1995**

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERMAN, BERNARD  
888 SOUTH ANDREWS AVENUE  
SUITE 203-B  
FT. LAUDERDALE FL 33316**

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 **D** ☐ DELETE

NAME **KELLY, BRIAN W**  
STREET ADDRESS **39 TURNER PLACE APT. B-8**  
CITY-ST-ZIP **BROOKLYN NY 11218**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BERMAN, BERNARD**  
STREET ADDRESS **888 S. ANDREWS AVE. SUITE 203-B**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **COLLINS, LEONARD J**  
STREET ADDRESS **2765 W. CYPRESS CREEK RD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

3.1 TITLE ☐ Change ☐ Addition

TITLE **P** ☐ DELETE

NAME **Wade Cloud**  
STREET ADDRESS **2623 Green Crossing Dr.**  
CITY-ST-ZIP **Tallahassee, Fl. 32308**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Bernard Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERNARD BERMAN**

**4/23/96 (954) 522-3077**

Date

Daytime Phone #

CR2E037 (12/95)

*5-2096*