

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37506

(3)

1. Corporation Name

TOP HAT TRAVEL & LEISURE, INC.



Principal Place of Business

TWO ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES FL 33134

Mailing Address

500 W. CYPRESS CREEK RD., #410
FT. LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 500 W. CYPRESS CREEK RD

26 Suite, Apt. #, etc.

22 #410

27 Suite, Apt. #, etc.

23 FT. LAUDERDALE FL

28 City & State

24 33309

29 Zip

25 BROWARD

30 Country

9. Name and Address of Current Registered Agent

SCHULTZ, MICHAEL
500 W. CYPRESS CREEK RD., #410
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

58-1966385

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 ☒

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 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable

Signature, typed or printed name of registered agent and then applicable

DATE

3/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHULTZ, MICHAEL
STREET ADDRESS 500 W. CYPRESS CREEK RD., #410
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☒ DELETE

NAME RAPIER, KAY C
STREET ADDRESS 500 W. CYPRESS CREEK RD., #410
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

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