

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 # P92000009165 (1)

1. Corporation Name

LAKES WORLD TRAVEL AGENCY, INC.



Principal Place of Business

625 S. DIXIE HWY.
LAKE WORTH FL 33460-4444
US

Mailing Address

625 S. DIXIE HWY.
LAKE WORTH FL 33460-4444
US

3. Date Incorporated or Qualified
12/02/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number
65-0372708

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSEILLE, JEAN G
2763 NW 47TH TERRACE
LAUDERDALE LAKES FL 33313
258 LA MANCHA AVE
Royal Palm Beach, FL
33411

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

4-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
MARSEILLE, JEAN
STREET ADDRESS
2763 NW 47 TERR
CITY-ST-ZIP
LAUDERDALE LAKES FL 33313-2017

TITLE ☐ DELETE

NAME
MARSEILLE, GAY S
STREET ADDRESS
2763 NW 47 TERR
CITY-ST-ZIP
LAUDERDALE LAKES FL 33313-2017

TITLE ☐ DELETE

NAME
PIERRE, SONY J
STREET ADDRESS
1925 LOOP 431
CITY-ST-ZIP
EAGLE PASS TX 78852

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

258 LA Mancha Ave
Royal Palm Beach, FL 33411

☒ Change ☐ Addition

258 LA Mancha Ave
Royal Palm Beach, FL 33411

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 607, 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

Telephone

4-19-96

407-533-0242

CR2E034 (12/95)