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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000013896 (4)

1. Corporation Name
RESERVATIONS TECHNOLOGY, INC.

Principal Place of Business

2139 NW 191 AVENUE
PEMBROKE PINES FL 33029
US

Mailing Address

PO BOX 622621
SOUTH FLORIDA FL 33062-2621
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

24 Zip 25 Country

2a. Mailing Address

26 18459 PINES BLVD.

27 Suite, Apt. #, etc.

28 SUITE 129
PEMBROKE PINES, FL

29 Zip 30 Country

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
02/13/1996

4. FEI Number

65-0397225

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

9. Name and Address of Current Registered Agent

TIPPS, ARTHUR B
2139 NW 191 AVENUE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name Ray Skelton, Attorney at Law
82 Street Address (P.O. Box Number is Not Acceptable)
12164 S.W. 56th Court
83
84 City Cooper City FL 85 Zip Code 33330

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 Raymond Skelton, Attorney at Law

3-5-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME TIPPS, ARTHUR B
STREET ADDRESS 2139 NW 191 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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

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

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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

SIGNATURE:

Arthur Tipps

3/5/97

CR2E034 (9/96)