

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:05

**DOCUMENT # P93000025172 (6)**

1. Corporation Name

**PLANTATION TRAVEL CENTER, INC.**

Principal Place of Business

Mailing Address

6977 W BROWARD BLVD  
PLANTATION FL 33317

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PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/31/1993

01/24/1994

4. FEI Number

Apply For

65-0407539

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributions

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes  Yes  No

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

**NARGI, ELLEN V  
8741 N. LAKE DASHA DRIVE  
PLANTATION FL 33324**

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 re-designating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
NARGI, EDWARD L  
3 ST. ANDREWS COMMON  
VALDOSTA GA**

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
NARGI, ELLEN V  
8741 N. LAKE DASHA DR.  
PLANTATION FL**

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

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 110.07(3)(b), 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:

*Ellen V. Nargi*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**ELLEN V. NARGI, Secretary**

7 June 1995 (305) 583-5380  
Date Daytime Phone #

CRCE034 (3/95)