## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000038533 (4)

FUNTASTIC TRAVEL, INC.

## **FILED** May 07 1997 8:00am Secretary of State

SUPPLY AND TO THE PROVINCE OF	Principal Place	of Business	Mailing Address	1.52 St.				
2. Principal Place of Business 2. Solids, April 4, 600.  Solids, Apr	SUNRISE FL 33	351	SUNHISE FL 33351-1116	10				
28.   Super Address   Applied Free			·				eport	
Suite, Apr. 1, edit.    Suite, Apr. 1, edit.   Suite, Apr. 1, edit.   Per Required   S. S. T. S. Accisional Per Republic   Per Required   Per	2. Principal Pla	ace of Business	Later and a later		4. FEI Number	<del></del>	oplied For	
Corp & Store    Corp & Store   Corp	21 8641	N.W. 52 St		5257.	65-0415999			
28 SUNT STATE THE Address of Country 20 Sunt SS Country 8. This corporation has flability for intengible by under it. 198 GOZ, Portion Statutes, the Country 10 Sunt Statutes of the Statutes	22		27		5. Certificate of Status Desired			
Apple Country   2p   23   35   30   30   4   30   30   5   30   30		~,						
24				Country	<del></del>			
MORRIS, STUART R 2000 GLADES ROAD, SUITE412 BOCA RATON FL 33431  42 Street Address (P.O. Box Number is Not Acceptable)  43 City  FL 65 Zip Code  44 City  FL 65 Zip Code  45 City  FL 65 Zip Code  46 City  FL 65 Zip Code  47 City  FL 65 Zip Code  48 City  FL 65 Zip Code  69 Zip Code  60 Z	24 233 S	1 25 USA	29 33357 3	0 USA	Florida Statutes	Yes No		
## City   FL   85   Zip Code			Registered Agent	91 None	10. Name and Address of New Reg	Istered Agent		
BOCA RATON FL 33431    A								
SIGNATURE   State   Provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. Such change was authorized by the corporation's board of directors. I hereby accept the application of Socions 607.0505. Florida Statutes.    SIGNATURE   State   St				82 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
1. Pursuant to the provisions of Socilons 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, 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, 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, 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, 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, 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, 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, or both in the state of the corporation's board of directors. I hereby accept the appointment as registered accept the dependence of the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment as registered accept the dependence of the property accept the appointment accept the appointment as a property accept the appointment accept the accept that	500	n isticit is soloi		83				
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Signation Symptod operators carried regulated approach (NOTE Registered Aport signature register)   DATE	office or re agent if an	raistered ament or both in the State c	it Florida. Such change was au	thorized by the cornor	rporation's board of directors. I hereby accept	the appointment as	registered	
NAME		Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		
NAME	12.			······································	ADDITIONS/CHANGES TO OFFICE		IS IN 12	ĝ
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