FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041016 (5)

1. Corporation Name
SUNRUNNER CONTRACTING, INC.

Principal Place of Business	Mailing Address
3400 GATEWAY DR POMPANO BCH FL 33069 US	3400 GATEWAY DR POMPANO BCH FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0415969 — 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 is ... Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc. SUITE 100
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc. SUITE 100
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

ADLER, KARL W
1700 N.E. 26TH ST.
SUITE 3
FT. LAUDERDALE FL 33305

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	KAMINSKI, KARL T	
STREET ADDR	3400 GATEWAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VSD	☐ Change ☐ Addition
NAME	GOHREND, SIEGFRIED	
STREET ADDR	3400 GATEWAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	STD	☐ Change ☐ Addition
NAME	GOHREND, HARALD	
STREET ADDR	3400 GATEWAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDR		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDR		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDR		
CITY-ST-ZIP		

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)(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: Ted Kaminski TED KAMINSKI 4/26/95 305/979-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0112910 CP

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

APPROVED

DOCUMENT # P93000041248 (4)

1. Corporation Name

GLOBAL TRAVEL SERVICES, INC.

Principal Place of Business: 2527 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304

Mailing Address: 2527 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993

3a. Date of Last Report: 04/06/1994

4. FEI Number: 65-0436789 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 / 2a. Mailing Address 26

Suite, Apt. #, etc. 27

City & State 23 / City & State 28

Zip 24 / Country 25 / Zip 29 / Country 30

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 tangible, taxable property subject to chapter 607.0122 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LENT, MONIKA
256 IMPERIAL LANE
LAUDERDALE-BY-THE-SEA FL 33308

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LENT, MONIKA
STREET ADDRESS	256 IMPERIAL LANE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	V
NAME	BECKER, SABINA M
STREET ADDRESS	5301 SHERWOOD DR.
CITY-ST-ZIP	CLEVELAND OH 44126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	☐ Change ☐ Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	
2-1 TITLE	☐ Change ☐ Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	
3-1 TITLE	☐ Change ☐ Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY-ST-ZIP	
4-1 TITLE	☐ Change ☐ Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY-ST-ZIP	
5-1 TITLE	☐ Change ☐ Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY-ST-ZIP	
6-1 TITLE	☐ Change ☐ Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY-ST-ZIP	

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(1)(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: Monika Lent — April 28, 1995 — (305) 563-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIKA LENT

DATE / DAYTIME PHONE #

0211376 CP

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

APPROVED AND FILED

DOCUMENT # P93000041432 (4)

1. Corporation Name

C & W AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
2389 RINGLING BLVD SUITE A SARASOTA FL 34237	2389 RINGLING BLVD. SUITE A SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0462582 — 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. ... Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

9. Name and Address of Current Registered Agent

WINDT, JACK W
2389 RINGLING BLVD.
SUITE A
SARASOTA FL 34237

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRISTIANI, NADIO
STREET ADDRESS	2389 RINGLING BLVD., SUITE A
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	D
NAME	WINDT, JACK W
STREET ADDRESS	2389 RINGLING BLVD., SUITE A
CITY-ST-ZIP	SARASOTA FL 34237

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	206 St. Lucie Avenue	
CITY-ST-ZIP	34232	

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)(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: *Nadio Cristiani* (NADIO CRISTIANI) 4/26/95 813-371-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0342775 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # P93000041654 (3)

1. Corporate Name

TRAVEL OPTIONS & ASSOCIATES, INC.

Principal Place of Business:
7485 CONROY WINDERMERE RD
STE A
ORLANDO FL 32835
US

Mailing Address:
7485 CONROY WINDERMERE RD
STE A
ORLANDO FL 32835
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3184898 — Applied For / Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

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

DE YOUNG, LINDA F
1705 WIND HARBOR RD
ORLANDO FL 32801

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DEYOUNG, LINDA
STREET ADDRESS	1705 WIND HARBOR RD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	KELLY, SUE
STREET ADDRESS	20 E VICK
CITY-ST-ZIP	OAKLAND FL
TITLE	S
NAME	ANDERSON, JANET RENEA
STREET ADDRESS	5724 BEAR LAKE CIR
CITY-ST-ZIP	APOPKA FL
TITLE	T
NAME	DEYOUNG, STEPHEN J.
STREET ADDRESS	1705 WIND HARBOR RD
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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: Linda DeYoung — 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0062803 CP