


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0436789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3333 N.E. 34th St.

Suite, Apt. #, etc.

22 #404

City & State

23 Fort Lauderdale, FL

Zip

24 33308

Country

25 Broward

2a. Mailing Address

26 3333 N.E. 34th St.

Suite, Apt. #, etc.

27 #404

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30 Broward

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

LENT, MONIKA

82 Street Address (P.O. Box Number is Not Acceptable)

3333 N.E. 34th St. #404

83

Fort Lauderdale, Fl. 33308

84 City

Fort Lauderdale

85 Zip Code

FL 33308

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PST
STREET ADDRESS LENT, MONIKA
CITY-ST-ZIP 256 IMPERIAL LANE
FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME V
STREET ADDRESS BECKER, SABINA M
CITY-ST-ZIP 5301 SHERWOOD DR.
CLEVELAND OH 44126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PST
1.3 STREET ADDRESS LENT, MONIKA
1.4 CITY-ST-ZIP 3333 N.E. 34th St. #404
Fort Lauderdale, Fl. 33308

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 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:

LENT, MONIKA
JAN 15 1998

CR2E034 (10/97)