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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:52

DOCUMENT # P93000054649 (7)

1. Corporation Name
SELECTIVE TRAVEL, INC.

Principal Place of Business	Mailing Address
1392 WESTON RD FT LAUDERDALE FL 33326	1392 WESTON RD FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1993
3a. Date of Last Report: 05/31/1994

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

4. FEI Number: 65-0426494 ☐ 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

HILL, JOHN B
910 HARRISON ST
SUITE 450
HOLLYWOOD FL 33019

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: [signature] May 29 1995
(Signature of new registered agent, if changed) (Registered Agent signature required where mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KATZ, ANDREW	12 NAME	
STREET ADDRESS	9700 NW 28TH ST	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KATZ, FRANCINE	22 NAME	
STREET ADDRESS	9700 NW 28TH ST	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33024	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	HILL, JOHN	32 NAME	
STREET ADDRESS	910 HARRISON ST	33 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HILL, SHIRLEY	42 NAME	
STREET ADDRESS	910 HARRISON ST	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33019	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LAURIAN, ANTHONY	52 NAME	
STREET ADDRESS	PO BOX 6090 N/A	53 STREET ADDRESS	
CITY ST ZIP	STATE LINE NV 89449	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LAURIAN, FREDERICA	62 NAME	
STREET ADDRESS	PO BOX 6090 N/A	63 STREET ADDRESS	
CITY ST ZIP	STATE LINE NV 89449	64 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 above, or on an attachment with an address.

SIGNATURE: [signature] May 29 1995 (305) 384-6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0234034 CP