## 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 # P93000064594 (3)

FILED
May 01 1997 8:00am
Secretary of State

SALTY DOG TRAVEL, INC.  Principal Place of Business  4601 W KENNEDY BLVD SUITE 104 SUITE 104 TAMPA FL 33604 US  SALTY DOG TRAVEL, INC.										
03		uo	٠.			3. Date Incorporated or Qualified 09/16/1993	3a. Da 05/0	e of Last 1/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address 26			·	4. FEI Number 59-3201283	1	J	applied For lot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	ed D		Additional Required	
City & State		City & State	City & State		<del></del>	6. Election Campaign Financing	<u></u>	\$5.00	May Be	
<b>23</b> Zip	Country	28   Zip	Cou	ntry		Trust Fund Contribution  8. This corporation has liability for	intangible t	ax under	to Fees s. 199.032,	
24	25	29	30				] Yes			
	9. Name and Address of Curren	nt Registered Agent		81	Mana	10. Name and Address of New Re	gistered A	gent		
JEFFRIES, C. COLE JR.					Name		1			
410 S OREGON AVE TAMPA FL 33608				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)				
				83	· · · · · · · · · · · · · · · · · · ·	<del></del>				
ı			Ì	84	City	······································	FL	85 Zip	Code	
office or r agent 1 a	registered agent, or both, in the State im familiar with and accept the obliging Signature typed or proted name of registered age					poration submits this statement for the join's board of directors. I hereby acce	ot the appo	intment a	s registered	
12.		D DIRECTORS	13.		<del> </del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D DELETE		1.170	1.1 TITLE				Change	RS IN 12	
NAME	JEFFRIES, C. COLE JR.		1.2 N/	ME		) #am a	- ~		75	
STREET ADDRESS	410 S OREGON AVE		1.3 \$1	REET A	DDRESS 34	45 HORE WALK #5, 2920	ELFI	e400		
CiTY+ST-ZIP	TAMPA FL 34			TY-ST-	-ZIP	AMER , FL, 336	29-8	959		
TITLE	ED C. BEDORE	DELETE	2.1 1/1		1			Change	Addition	
NAME	4851 GANDY BLVD #10 SUNSET DR		2.2 NA							
STREET ADDRESS	TAMPA FL	)L1 011	4		DDRESS	***	/			
CITY+ST+ZIP TITLE	D	DELETE	3.1 Tr	TY-ST	- ZIP		356/	Change	Addition	
NAME	DEE M. BEDORE		1	3.2 NAME			336			
STREET ADDRESS	4851 GANDY BLVD #10 SUNS	SET DR			DDRESS		,			
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City-St-ZIP				TY-ST-	- ZIP					
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NAME			52 NA		į					
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CITY - ST - 7IP		☐ DELETE		TY-\$1-	- ZIP			Change	Addition	
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			1	nerv .	ACCRECATE 1				1	
STREET ADDRESS CITY-ST-ZIP				reet ai ty+st-	DORESS					

14. I do hereby certify that the information supplied with this filing does not quality 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 efficer 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:

JOE M. Bellow.

DEEM, BEDORE

4/24/97

813/288-8888 Dayline Prone #