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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**FILED** Jun 12 1997 8:00am Secretary of State

PASSPORTS UNLIMITED, FAC.					
Principal Place of Business Mailing Address			_		
PT 1 BAY STO-U PT 1 BOY STO-U					
MARCLENNY FC, MACCLENNY FC					
ACCLENNY FC, MACCLENNY FC 32063 32063			3. Date Incorporated or Qualified 9-23-93	3a. Date of Last f	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	<del></del>	pplied For
21 26			59-3220964		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75	Additional
22 27			5. Certificate of otatus pesifed	Fee R	equired
City & State			6. Election Campaign Financing	<b>\$5.00</b>	May Be
23 28	<del></del>		Trust Fund Contribution	· <del></del>	to Fees
Zip Country Zip		untry	8. This corporation has liability for in		. 199 032,
24 25 29 29 9. Name and Address of Current Registered Ager	30	T	<del></del>	Yes No	
s, Name and Address of Current Registered Ager		81 Name	10. Name and Address of New Reg	stered Agent	
LYON, NORMIN E.					
LYON, NORMA E.  3430 ROGERO RD.  JAX FC. 32277		82 Street Addre	ess (P.O. Box Number is Not Acceptable	)	
3030 100010		83			
JAX FC, 32271					
		<b>84</b> ] City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fig.	orida Statutes, the a	bove-named coror	pration submits this statement for the pu		beretgings at
office or registered agent, or both, in the State of Horida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	77.0505, Fiorida Sta	tutes.			i
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE Registers	ed Agent signature require	d when reinstating)	DATE	
12. ÖFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		₹S IN 12
111.€ <b>5.2</b> 31111	DELET€ 1.1 TI	TLE .		☐ Change	RS IN 12 S
MANGELS, EVELYN C.	1.2 N	AME			2
STREET ADDRESS RT. 1 BOX 567-4	13S	TREET ADDRESS			اق
CITY-ST-ZIP MACCLENN / ECA. 3206		ITY - \$1 - ZiP			.     <del> </del>
THE VED /	ĎELETÉ 211	ITLE		☐ Change	Addition C
MANGELS, JAMES LI	22 N	AME			ľ
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CITY-ST-ZIP MACCLENNY FC, 320		CITY- \$1 - ZIP			
TITLE	DELETE 31T			Change	☐ Addition
NAME	32 N	-			ļ
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CHY-ST-ZIP		OTY-ST-ZIP		Onanii	
				Change	☐ Addition
NAME	4 2 5				•
STREET ADDRESS	1	TREET ADDRESS			i
CITY-ST-ZIP TITLE	DELETE 5.1 11	TUE		Change	Addition
NAME	52 N			J Shange	/ // //
STREET ADDRESS		TREFT ADDRESS		16/1	
CITY-SI-7IP	1	ITY-SI-7P	•	H\] (D] )	2/00
	DELFTE 6111			Change	Addition
NAME	62 N		8000022 <b>1</b> -06/16/97010		
STREET ADDRESS		TREET ADDRESS	-Ub/16/9(UlU	::b==:UU5	
CITY-ST-ZIP	64.0	11Y - S1 - ZIP	***165.00		
14. I do hereby certify that the information supplied with this filing doe	s not qualify for the	exemption stated i	in Section 119 07(3)(i), Florida Statutes.	I further certify that	the