FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000075373 (9)

1. Corporation Name

CHAMBERS TRAVEL, INC.

Principal Place of Business

~~1549 E. COMMERCIAL~~
~~HOSTWAY TRAVEL~~
~~FT. LAUDERDALE FL 33334~~
US

Mailing Address

~~1549 E. COMMERCIAL~~
~~FT. LAUDERDALE FL 33334~~
US

3. Date Incorporated or Qualified: 10/29/1993

3a. Date of Last Report: 04/27/1995

4. FEI Number: 65-0470319 — 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

2. Principal Place of Business
21 1051 Hillsboro Mile
Suite, Apt. #, etc
22 905
City & State
23 Hillsboro Beach, FL
Zip
24 33062
Country
25 US

2a. Mailing Address
26 1051 Hillsboro Mile
Suite, Apt. #, etc
27 905
City & State
28 Hillsboro Beach FL
Zip
29 33062
Country
30 US

9. **Name and Address of Current Registered Agent**

CHAMBERS, WINIFRED
~~1549 E. COMMERCIAL~~
~~FT. LAUDERDALE FL 33334~~
1051 Hillsboro Mile # 905
Hillsboro Beach, FL 33062

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1051 Hillsboro Mile 905
83
84 City Hillsboro Beach, FL 85 Zip Code 33062

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], MD — Date: 1 May 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHAMBERS, WINIFRED	
STREET ADDRESS	1549 E. COMMERCIAL	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		
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		
1.3 STREET ADDRESS	1051 Hillsboro Mile 905	
1.4 CITY-ST-ZIP	Hillsboro Beach, FL	
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(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: [signature], MD — Date: 1 May 1996 — Daytime Phone #: 954-783-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)