

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 # P94000001111 (1)

1. Corporation Name

BEST TRAVEL, INC.



Principal Place of Business

226 S. INDIANA AVE.
ENGLEWOOD FL 34223

Mailing Address

226 S. INDIANA AVE.
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0457694

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCRIVNER, CORRIN
226 S. INDIANA AVE.
ENGLEWOOD FL 34223

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 of corporation or registered agent or both, if applicable.

Signature of Registered Agent (Signature of corporation or both, if applicable).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME
P SCRIVNER, CORRIN
STREET ADDRESS
226 S. INDIANA AVE.
CITY-ST-ZIP
ENGLEWOOD FL 34223

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME
V SCRIVNER, ANNE
STREET ADDRESS
226 S. INDIANA AVE.
CITY-ST-ZIP
ENGLEWOOD FL 34223

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

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)(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:

Corrin D. Scrivner CORRIN D. SCRIVNER 4-28-96 941-474-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)