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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400003174** (7)

REMINGTON TRAVEL SERVICES, INC.

FILED Mar 14 1997 8:00am Secretary of State



<u></u>											
Principal Place of Business Mailing Address									, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8655-57 CENTR St. Petersbui		TRAL AVENUE BURG FL 33710-	8307								
						3. Date Incorporated or Qualified 01/13/1994	3a. Da	te of L)5/19		porl	
	lace of Business	2a. Mailing	Address			4. FEI Number	J	L	Apı	olied For	
21		26	· • · · · · · · · · · · · · · · · · · ·			59-3217214			Not	Applicable	.]
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	Fee Required				
City & State		City & S 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
} Zip	Country	Zip	, I		У	8. This corporation has liability for intangible tax under s. 199			199.032,	1	
24	25					Florida Statutes Yes No					_
	9. Name and Address of Curi	rent Registered Ag	ent	81	T Name	10. Name and Address of New Rec	istered /	Agent			\dashv
	ON, DAVID A			01	Name						
2929 FIRST AVENUE NORTH				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)					٦
\$1. I	PETERSBURG FL 33713			83							4
]						
				84	City		FL	85	Zip C	ode	-
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508	Florida Statutos	s the abov	e-named co	rooration submits this statement for the pu		.LLL.	ing its	registered	+
office or r agent. I a	egistered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida Such ligations of, Section	change was at 607.0505, Flor	ithorized b ida Statule	y the corporates.	rporation submits this statement for the pu alion's board of directors. I hereby accept	the app	ointme	nt as r	ogistored	
SIGNATURE				garagara a sar							
12.	Signature, typed or printed name of registered OFFICERS 7	agent and the 4 apposable AND DIRL CTORS	(NOIL:	Registered Ag	ent signature req	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE FBS AND	DIRF	CTOR	S IN 12	- 6
TITLE	D		DELETE	1.1 701.6		TABBITION OF THE CONTROL OF THE		Cha		Addition	- §
NAME	REMINGTON, CARL R			1,2 NAME					-		5
STREET ADDRESS	6600 SUNSET WAY				1 ADDRESS						8
CITY-ST-ZIP	ST. PETERSBURG BEACH FI	. 33706		1.4 CITY-1	1						12
TITLE	D		DELFTE	2 1 11111				☐ Cha	ange	Addition	Շ
NAME	REMINGTON, MAEDELL			2.2 NAME							
STREET ADDRESS	6600 SUNSET WAY			2.3 STREE	1 ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG BEACH FI	L 33706		2. 4 CITY -	S1 - ZIP						
TITLE	D		DELETE	3 1 TITLE				Cha	ange	Addition	1
NAME	SHARER, LARRY			3.2 NAME	Ì						
STREET ADDRESS	100 SECOND AVENUE SOUT	ΓH #6 06		3 3 STREE	T ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33706			3 4. CITY-	S1 - 7IP						
TITLE		Ţ	DELETE	4.1 TITLE				Cha	ange	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	1 ADDRESS						
CITY-ST-ZIP_				4.4 CITY	ST-ZIP						_
TITLE		[DETETE	5.1 TITLE	1			Cha	ange	Addition	
NAME				5.2 NAME	ļ						}
STREET ADDRESS				5 3 STREE	t Address						
CITY-ST-ZIP				5.4 CFTY-	S1 - ZIF						
TITLE		[DETELE	6.1 TATLE				∐ Cha	ınge	☐ Addition	
NAME				G.2 NAME							
STREET ADORESS				G.3 STREE	LADORESS						
CITY-ST-ZIP				6.4 CITY-	ST-ZIP						

14. I do hereby certify that the information supplied with this filing 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 trusted of powered 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 withyin address.

3-10-97 8123451111