

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000005898 (9)

1. Corporation Name

AVISTA TRAVEL, INC.

Principal Place of Business

3330 W. COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address

3956 W. COLONIAL DRIVE
ORLANDO FL 32808
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

59-3221576

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8601 S. ORANGE BLOSSOM TR.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FLORIDA

Zip

24 32809

Country

25 USA

2a. Mailing Address

26 5353 CONROY ROAD

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FLORIDA

Zip

29 32811

Country

30 USA

9. Name and Address of Current Registered Agent

VALBH, ANIL I
3956 W COLONIAL DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

VALBH, ANIL I.

82 Street Address (P.O. Box Number is Not Acceptable)

5353 VINELAND ROAD

83

84 City

ORLANDO,

FL

85 Zip Code

32811

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VALBH, ANIL I
STREET ADDRESS 3956 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME VALBH, SUREKHA A
STREET ADDRESS 3956 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME MADHAV, PARU
STREET ADDRESS 3956 W COLONIAL DR
CITY-ST-ZIP ORLANDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME VALBH, ANIL I.
1.3 STREET ADDRESS 5353 CONROY ROAD
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32811

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME VALBH, SUREKHA A.
2.3 STREET ADDRESS 5353 CONROY ROAD
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32811

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME MADHAV, PARU
3.3 STREET ADDRESS 5353 CONROY ROAD
3.4 CITY-ST-ZIP ORLANDO, FLORIDA 32811

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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

P. I. Madhav

2-18-98

CR2E034 (10/97)