

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT #P94000013861
1 Corporation Name

Escape Travel, Inc.

95 JUL 19 14 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001545983
-07/25/95--01123--009
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**220 Congress Park Drive
Suite 100
Delray Beach, FL 33445**

3. Date Incorporated or Qualified **1994** 3a. Date of Last Report
4. FEI Number **65-0466238** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc 26 Suite Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24

9. Name and Address of Current Registered Agent
**Jennifer Ande
Escape Travel, Inc.
Suite 100
Delray Beach, FL 33445**

10. Name and Address of New Registered Agent
81 Name **Bruce Turiansky**
82 Street Address (P.O. Box Number is Not Acceptable)
220 Congress Park Drive
83 Suite 100
84 City **Delray Beach, FL** 85 Zip Code **33445**

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]* **BRUCE TURIANSKY MD.** 7/18/95
Signature must be printed name of registered agent and his signature. (b)(1) Registered Agent signature required when installing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	11 TITLE	☐ Change ☒ Addition
NAME	12 NAME	President	
STREET ADDRESS	13 STREET ADDRESS	Bruce Turiansky	
CITY, ST, ZIP	14 CITY, ST, ZIP	5824 NW 25 Terrace	
		Boca Raton, FL 33496	☒ Change ☐ Addition
TITLE	21 TITLE	Vice Pres. + Secretary	
NAME	22 NAME	Bridgette Wagner	
STREET ADDRESS	23 STREET ADDRESS	292 SW 83rd Way	
CITY, ST, ZIP	24 CITY, ST, ZIP	Pembroke Pines, FL 33025	☐ Change ☒ Addition
TITLE	31 TITLE	Mike Norberto	
NAME	32 NAME	Director	
STREET ADDRESS	33 STREET ADDRESS	4 Kirk Court	
CITY, ST, ZIP	34 CITY, ST, ZIP	Ronkonkoma, NY 11772	☐ Change ☒ Addition
TITLE	41 TITLE	Director	
NAME	42 NAME	Al Shackelton	
STREET ADDRESS	43 STREET ADDRESS	4100 N. Ocean Drive	
CITY, ST, ZIP	44 CITY, ST, ZIP	Singer Island, FL 33404	☒ Change ☐ Addition
TITLE	51 TITLE	Hadley Williams	
NAME	52 NAME	Director	
STREET ADDRESS	53 STREET ADDRESS	2568 Lincoln Avenue	
CITY, ST, ZIP	54 CITY, ST, ZIP	Miami, FL 33133	☐ Change ☐ Addition
TITLE	61 TITLE		
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY, ST, ZIP	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(2)(b), 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]* **407-272-4451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bruce Turiansky July 18, 1995