

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 # **P94000019911 (4)**

1. Corporation Name
PLD TRAVEL MANAGEMENT, INC.



Principal Place of Business: **2555 S ATLANTIC AVE UNIT 1604 DAYTONA BEACH FL 32118**
Mailing Address: **P.O. BOX 251351 HOLLY HILL FL 32125-1351 US**

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21 **2555 S. ATLANTIC AVE**
22 **903**
23 **DAYTONA BEACH FL**
24 **32118**
25 **Volusia**
2a. Mailing Address
26 **P.O. Box 251351**
27 **Holly Hill**
28 **Holly Hill FL**
29 **32125-1351**
30 **Volusia**

4. FEI Number: **59-3247375**
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

9. Name and Address of Current Registered Agent
DAVIS, PATTY L 903
2555 S ATLANTIC AVE UNIT 1604
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when restating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATTY L	1.2 NAME	
STREET ADDRESS	2555 S ATLANTIC AVE UNIT 1604 903	1.3 STREET ADDRESS	2555 So ATLANTIC Ave #903
CITY-ST-ZIP	DAYTONA BEACH FL 32118	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS R	2.2 NAME	
STREET ADDRESS	2555 S ATLANTIC AVE UNIT 1604 903	2.3 STREET ADDRESS	2555 So ATLANTIC Ave #903
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENKE, MELLISA D	3.2 NAME	
STREET ADDRESS	628 TWIN OAKS CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Patty Lee Davis* **2-19-96** **904 760 9404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)