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CORPORATION ANNUAL REPORT



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

1996

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DOCUMENT # EXA SOUTH FLORIDA TRAVEL CENTER, INC. Principal Place of Business Mailing Address 9200 S DADELAND BLVD 9200 S DADELAND BLVD SUITE 412 SUITE 412 MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1994 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 65-0506096 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 100 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DARROW, KENNETH F 82 Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD **SUITE 412** 83 MIAMI FL 33156 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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) CR2E034 (12/95) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE PRESIDENT 1.1 TITLE CURRAN, JOHN C NAM: CURRAN. JOHN C. 1.2 NAME 9200 S DADELAND BLVD., STE 100 9200 S. DADELAND BUYD., STEICO STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL MIANLI FL 33156 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE SECRETARY /TREASURER Crange 2 1 TITLE NAME PRISKIE, STANLEY 9200 S. DADELAND BLVD, STE 100 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 24 CITY-ST-ZIP MIAMI, FL 33150 TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-7iP 3.4 City - St - ZiP TITLE DELETE 4. 1 TILLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP THLE DELETE 5 1 TITLE Addition Change 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CHIY-SI-ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change ■ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - S1 - ZIF 64 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this ting 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 of 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 changes in attachment with an address OHN C. CURRAN SIGNATURE: