

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 20 AM 8:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # *094000033056*

1. Corporation Name

WORLD TRAVELERS NETWORK-MIAMI, INC.

Principal Place of Business

Mailing Address

**3000 N. 28 TERRACE
HOLLYWOOD, FL 33020**

SAME

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

5/2/94

3a. Date of Last Report

4. FBI Number

59-3261390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 34624**

81 Name

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

83

84 City

FL

85 Zip Code

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 returning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR
NAME	PAXSON, LOWELL W.
STREET ADDRESS	700 SPOTTIS WOODS LANE
CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE	PRESIDENT/DIRECTOR
NAME	GOODMAN, DEAN
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH
CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE	TREASURER AND DIRECTOR
NAME	MARK, JOHN
STREET ADDRESS	980 S.W. 70 AVE.
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	SECRETARY
NAME	WATSON, WILLIAM L.
STREET ADDRESS	18401 U.S. HIGHWAY 19 NORTH
CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE	V.P. AND DIRECTOR
NAME	ROSE, ROBERT
STREET ADDRESS	3300 N.E. 192 ROAD APT#1506
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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04/26/95-01055-015
****200.00 ****200.00**

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:

(NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JOHN MARK, TREASURER

4-11-95

(305) 923-7700