

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000036419 (7)**

1. Corporation Name  
**PASSAGES INTERNATIONAL MARKETING GROUP, INC.**

Principal Place of Business

**1890 SEMORAN BOULEVARD  
SUITE 393  
WINTER PARK FL 32792**

Mailing Address

**1890 SEMORAN BOULEVARD  
SUITE 393  
WINTER PARK FL 32792-2287**



2. Principal Place of Business

21 **2464 Via Genova**

Suite, Apt. #, etc.

22

City & State

**Apopka, FLA**

Zip

**32712**

Country

**Orange**

2a. Mailing Address

26 **2464 Via Genova**

Suite, Apt. #, etc.

27

City & State

**Apopka, FLA**

Zip

**32712**

Country

**Orange**

3. Date Incorporated or Qualified

**05/09/1994**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3255753**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**STAMP, MARTIN F JR.  
201 SOUTH ORANGE AVENUE  
SUITE 900  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

**Same**

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

**940 Highland Ave**

83

84 City

**Orlando**

FL

85 Zip Code

**32803**

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

**Martin F Stamp Jr.**

**Martin F Stamp Jr.**

**4/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARHURST, MICHAEL V</b>	
STREET ADDRESS	<b>1890 SEMORAN BOULEVARD, SUITE 393</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Address** ☒ Change ☐ Addition

1.2 NAME **Same**

1.3 STREET ADDRESS **2464 Via Genova**

1.4 CITY-ST-ZIP **Apopka, FL 32712** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 or on an attachment with an address.

SIGNATURE:

**Michael V Warhurst**

**4/28/97**

**407 889-8810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)