

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 PM 11:32

DOCUMENT # P94000055581 (0)

1. Corporation Name

ALL SEASONS SMART TRAVELER, INC.

Principal Place of Business

% ACCOUNTANTS & BUSINESS CONSULTANTS INC
790 E BROWARD BLVD SUITE 302
FT LAUDERDALE FL 33301

Mailing Address

% ACCOUNTANTS & BUSINESS CONSULTANTS INC
790 E BROWARD BLVD SUITE 302
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/27/1994

3a. Date of Last Report

4. FEI Number

65-0507526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Has the Corporation been doing

business since its incorporation?

☐

\$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

21 % John J. Finn Jr

2a. Mailing Address

26 % John J. Finn Jr

Suite, Apt. #, etc

22 411 Andrews Ave

Suite, Apt. #, etc

27 411 Andrews Ave

City & State

23 Delray Beach Fl

City & State

28 Delray Beach Fl

Zip

24 33483

Country

25 PB

Zip

29 33483

Country

30 PB

9. Name and Address of Current Registered Agent

FINN, JACK

25 SEABREEZE AVE, 4TH Floor
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINN, JACK
STREET ADDRESS	25 SEABREEZE AVE
CITY, ST, ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ALL OTHERS (If any, list name, title, address, and city, state, and zip)

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(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 such officer or director, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95 407-279-0055