

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 # P94000055581 (0)

1. Corporation Name

ALL SEASONS SMART TRAVELER, INC.



Principal Place of Business

Mailing Address

C/O FINN, JOHN, J., JR.
~~411 ANDREWS AVE~~
~~DELRAY BEACH FL 33483~~
~~US~~

C/O FINN, JOHN, J., JR.
~~411 ANDREWS AVE~~
~~DELRAY BEACH FL 33483~~
~~US~~

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 25 Seabreeze Ave.

26 25 Seabreeze Ave.

4. FEI Number

65-0507526

Applied For

Not Applicable

22 4th Floor

27 4th Floor

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Delray Beach, Fl

28 Delray Beach, Fl

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33483

25 USA

29 33483

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINN, JACK
25 SEABREEZE AVE
4TH FLOOR
DELRAY BEACH FL 33483

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 reappointing)

3/5/96
DAY

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

(Signature and typed or printed name of signing officer or director)

3/5/96 407-279-0055
Date Daytime Phone

CR2E034 (12/95)