## 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 #	P94000064552	(0)
1 Corporation Name		1-1

EMERA	LD COAST TRAVEL, INC.							
Principal Place of	of Business	Mailing Address				I BUILL BUILD BII	M <b>WINGS</b> B311	D) (
3355 GULF B	REEZE PKWY	3355 GULF BREEZE	PKWY					
STE N		STE N						
Gulf Breezi Us	E FL 32561	GULF BREEZE FL 32 US	1961		3. Date Incorporated or Qualified	3a. Date		•
00					08/31/1994	03	3/14/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		J I	Applied For
21		26			59-3267858			Not Applicable
Suite. Apt. #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		Orty & State			6. Election Campaign Financing			O May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	7(p	Country		8. This corporation has liability for	intangible ta	cunder s	199.032,
24	25	29	30		-	□ No		
	g. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered A	gent	
			81	Name				
	R, CAROL V		82	Street Add	fress (P.O. Box Number is Not Acceptab	ole)	·	
	NGWOOD CIRCLE		-					
GULF B	REEZE FL 32561		83					
			84	City		FL	85 Z	p Code
12.	Signature Typhed or perither name of eight rect agree Fa OF FICERS AND		13.	I	ADDITIONS/CHANGES TO OF		DIRECTO ] Change	DRS IN 12
TITLE	DP	L. Dr.Eit	1 1 10(F 1 2 NAME			L	] Unanys	☐ Madition
NAME PROFES ADDRESS	WEAVER, CAROL V 4068 LONGWOOD CIR.		1.3 \$!#f#1	enness.				
STREET ADDRESS	GULF BREEZE FL		1.4 CITY - 9					
CITY-ST-ZIP TITLE	VP	DELETE	2 1 101(5	3-21			] Change	Addition
NAME	WEAVER, JOSEPH W.		2.2 NAME					
STREET ADDRESS	821 COUNTRY CLUB LANE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CORONADO CA		2.4 C-TY - S	T Zif				
TITLE	ST	DELETE	3 1 TI*LE				] Change	Addition
NAME	WEAVER, JOSEPH WILLIAM		3.2 NAME					
STREET ADORESS	4068 LONGWOOD CIR		33 STACE	F ADDRESS				
CITY - ST - ZIP	GULF BREEZE FL		3.4 Crty - 5	st - 71è			T Change	T MARKET
TITLE		☐ DELETE	4 1 Tificf			L	]] Change	☐ Addition
NAME			4 2 NAMÉ					
STREET ADDRESS			4.3 STHEFT					
CITY-ST-ZIP		DELETE	4.4 C(TY - 5 5.1 T(TLE	S1 - Z(f)		г	Change	Addition
TITLE		Floren	5 1 1 1 LE 5 2 NAME	1		L	_ 5g.	
NAME PROCES ADDRESS				AODRESS				
STREET ADDRESS			5.4 CHT+-	i i				
CITY-ST-ZIP TITLE	1	DELETE	6 1 Till, E	31 - 211			Change	ncitibbA 🔲
NAME			6.2 NAME			_		
STREET ADDRESS				LADORESS				
3.7.2.7.20			64.011	21. 700				

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

april 25, 1996 904-9342910