

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 PM 3:22

DOCUMENT # P94000071085 (2)

1. Corporation Name

FLORIDA INTERNATIONAL TRAVEL CLINIC, INC.



Principal Place of Business

Mailing Address

1300 PARK OF COMMERCE BLVD.
SUITE 201
DELRAY BEACH FL 33445

1300 PARK OF COMMERCE BLVD.
SUITE 201
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

09/27/1994

05/01/1995

4. FEI Number 65-0542518
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

10. Name and Address of New Registered Agent

MACINA, ROBERT P
515 E LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE FL 33301

81 Name Saxe, Susan E.
82 Street Address (P.O. Box Number is Not Acceptable)
1300 PARK OF COMMERCE BLVD.
83 SUITE 201
84 City DELRAY BEACH FL 85 Zip Code 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required at all times.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KOHAN, MELVIN S
STREET ADDRESS C/O 1300 PARK OF COMMERCE BLVD. STE 201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME HEIMAN, DONALD
STREET ADDRESS C/O 1300 PARK OF COMMERCE BLVD. STE 201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME SAXE, SUSAN
STREET ADDRESS C/O 1300 PARK OF COMMERCE BLVD. STE 201
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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 617, 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

[Signature]

DATE

Signature Printed Name

CR2E034 (3/96)

\$225 for this

96/KW