

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

MAY - 1 AM 3:01

DOCUMENT # P94000074709 (4)

1. Corporation Name:
AERO TRAVEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2744 SUMMERDALE DRIVE NORTH
SUITE 210
CLEARWATER FL 34621** **2744 SUMMERDALE DRIVE NORTH
SUITE 210
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

2. Principal Name of Business 2a. Mailing Address
21 **26**
Suite Apt # etc Suite Apt # etc
22 **27**
City & State City & State
23 **28**
Co. Country
24 **25** **29** **30**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/10/1994
4. FEI Number Applied For
59-3270897 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALSELL, ROBERT M
2744 SUMMERDALE DRIVE NORTH
SUITE 210
CLEARWATER FL 34621**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607 (2)(c) and 607 (2)(d), 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 (2)(c), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN:

101 NAME STREET ADDRESS CITY ST ZIP	President/Chmn. of the Board Robert M. Halsell 2744 Summerdale Drive North Clearwater, FL 34621
102 NAME STREET ADDRESS CITY ST ZIP	
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111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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116 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information included on this original 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 237, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert M. Halsell* **Robert M. Halsell** 4/17/95 (813) 999-345