

**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**  
State Apt # etc      State 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**

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

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ Title \_\_\_\_\_  
Signature of Registered Agent or Director      Title of Registered Agent or Director (if not agent)      Title

**12. OFFICERS AND DIRECTORS**

101 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>President/Chmn. of the Board Robert M. Halsell 2744 Summerdale Drive North Clearwater, FL 34621</b>
102 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
103 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
104 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
105 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
106 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
107 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN:**

111 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
115 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
116 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117 TITLE 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 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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      TITLE      DATE