

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
One Suwannee County Parkway

APPROVED
AND
FILED

95 MAY -1 PM 2:31

DOCUMENT # **P94000093708 (3)**

1. Corporation Name

IMPAC BUSINESS OF TRAVEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3400 TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

**3400 TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/28/1994

4. FEI Number

65 0555057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Excluded Jurisdiction (Foreign)
For Foreign Corporations and ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for franchise fee under Chapter 687, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc.

26 State Apt # etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

25 City & State

30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, WARREN R
201 WEST MARION AVE.
SUITE 301
PUNTA GORDA FL 33950**

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 607.0505 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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	IRWIN, JAMES B
STREET ADDRESS	25188 MARION AVE., VILLA #22
CITY, ST, ZIP	PUNTA GORDA FL 33950
TITLE	D
NAME	RUGGIERO, JOSEPH A
STREET ADDRESS	276 BEACH ST.
CITY, ST, ZIP	LITCHFIELD CT 06759
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

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 Sections 689.03(1)(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. I am an officer or director of the corporation or the owner or lessee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on Block 12 of this annual report or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)