

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000031245 (0)

1. Corporation Name

1-800 BUDGET GETAWAYS, INC.

Principal Place of Business

4712 WINGROVE BLVD.
ORLANDO FL 32819

Mailing Address

4712 WINGROVE BLVD.
ORLANDO FL 32819-3344

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3315930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21 7777 N WICKHAM

Suite, Apt. #, etc.

22 #10

City & State

23 MELBOURNE, FL

24 32940

Country

25

2a. Mailing Address

26 7777 N WICKHAM RD

Suite, Apt. #, etc.

27 #10

City & State

28 MELBOURNE, FL

29 32940

Country

30

9. Name and Address of Current Registered Agent

SCHULMAN, BRUCE J
4712 WINGROVE BLVD.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7777 N WICKHAM RD #10

84 City

MELBOURNE

FL

85 Zip Code

32940

11. Pursuant to the provisions of Sections 607.0502 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 BRUCE SCHULMAN PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/14/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHULMAN, BRUCE J
STREET ADDRESS 4712 WINGROVE BLVD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE D
NAME STEIN, DAVE
STREET ADDRESS 3021 RAMBLEWOOD DRIVE APT. 1-C
CITY-ST-ZIP INDIANAPOLIS IN 46208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2586 ROBERT TRENT JONES #1111
1.4 CITY-ST-ZIP ORLANDO, FL 32835

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4457 MCINTOSH PARK DR #1012
2.4 CITY-ST-ZIP SARASOTA, FL 34232

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BRUCE SCHULMAN PRESIDENT 4/14/97 407-253-3674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0093758

CR2E034 (9/96)