

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000043508 (7)**

1. Corporation Name

BERNS TRAVEL NETWORK, INC.



Principal Place of Business	Mailing Address
6346-63 LANTANA ROAD LAKE WORTH FL 33463 US	6346-63 LANTANA RD LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/06/1995	4. FEI Number 65-0586848	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
23 Zip	24 Country	25 Zip	26 Country	27
28	29	30		29
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
SMITH, HARRY B 701 BRICKELL AVE STE 1900 MIAMI FL 33131			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 607.0502 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

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

(NOTE: Registered Agent signature required when reinitializing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNS, NEIL D	
STREET ADDRESS	7071 DAVIT CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
<input type="checkbox"/> DELETE	1.1 TITLE	
<input type="checkbox"/> DELETE	1.2 NAME	
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME	
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME	
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME	
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME	
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME	
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
		2000002454312
		-03/11/98--01100--032
		***150.00

14. I 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 *No. 00 Ber - NEIL D. BERN* *RECEIVED* *5/1/98 - 0009*

CR2E034 (10/97)