SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000043885 (9)

1. Corporation Name

ARABIAN TRAVEL, INC.

Principal Place of Business	Mailing Address
4001 PARK ST. SUITE 4 ST. PETERSBURG FL 33709	4001 PARK ST. SUITE 4 ST. PETERSBURG FL 33709

2. Principal Place of Business	2a. Mailing Address
21 4001 PARK St. N	26 4001 PARK St. N
Suite, Apt #, etc: 22 # 4	Suite, Apt #, etc: 27 # 4
City & State: 23 St. Pete Fl 33709	City & State: 28 St. Pete Fl 33709
Zip: 24 33709 — Country: 25 US	Zip: 29 33709 — Country: 30 US

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report: 5-28-95
4. FEI Number: 59 331 8475 — 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

9. Name and Address of Current Registered Agent

LEWIS, LORA
4001 PARK ST.
SUITE 4
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: N/A
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 Lora Lewis — 7-31-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

		DELETE
TITLE	President.	☐
NAME	LORA Lewis	
STREET ADDRESS	11295 3Rd St. E #1	
CITY-ST-ZIP	Treasure Island 33706	
TITLE	Vice President	☐
NAME	LORA Lewis	
STREET ADDRESS	11295 3rd St E #1	
CITY-ST-ZIP	Treasure Island Fl 33706	
TITLE	Everything in the Co.	☐
NAME	LORA Lewis	
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

		Change	Addition
1.1 TITLE		☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lora Lewis — 7-31-96 — 813-360-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)