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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000054720 (4) **DOCUMENT #** 

D KEWL TRAVEL CORP.

5 1141						
Principal Place 651 SEAVIE SUITE B110 MARCO ISL	W CT	SUITE BI10	651 SEAVIEW CT			3a. Date of Last Report
					3. Date Incorporated or Qualified 07/12/1995	ba. Date of East Report
2. Principal Place of Business		2a. Mailing Address 26	_		4. FEI Number 65-059 799	7 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24			Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes SaNo NONE	
	9. Name and Address of Curr		1001		10. Name and Address of New R	
	· · · · · · · · · · · · · · · · · · ·		8	1 Name		
	Y, DEBRA J		8	2 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
651 SE Suite I	AVIEW CT B110		8	3		
	D ISLAND FL 33937			4 City		85 Zip Code
				1		FL
or registere familiar with SIGNATURE	ed agent, or both, in the State of FI h, and accept the obligations of, S	lorida. Such change was auth ection 607.0505, Florida Stati	orized by the co utes.	rporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	ointment as registered agent. I am
	Signature, typed or printed name of regulators as		(NOTE: Registered Ag	gent signature required	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
12.	P	AND DIRECTORS	13. 1. 1 TiTu		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	KEWLEY, DEBRA J		1.2 NAM			
STREET ADDRESS 651 SEAVIEW CT #B110		1		ET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 3393			- ST-ZIP		
TITLE	DELETE					Change Addition
NAME		<del></del>	2 2 NAM	ŕ		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY - ST - 712			2.4 0111	-ST-7IP		
Trile	☐ DELETE 3		3 1 1111	f		Change Addition
NAME			3 2 NAM	£		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY - ST - ZIP		——————————————————————————————————————	3.4 C:TY			El Oberto El Lient
TITLE		☐ DELETE	4 1 7:10			Change Addition
NAME			4.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-S1-ZIP		☐ D€CETE		- ST - 7iP		Change [ Addit.on
TITLE		[ Decent	5 1 TITL 5 2 NAM			T evends T veguent
NAME				ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				:r - AUDMESS - ST - ZIP		
TITLE			6 1 TIT.			Change Addition
NAME			6 2 NAM			- V -
STREET ADDRESS			l l	ET ADDRESS		
CITY-ST-ZIP				- S1-ZiP		
14. I do hereby certify that oath; that I	the information indicated on this a	annual report or supplemental proporation or the receiver or tri	furnished and de annual report is ustee empowere	oes not quality f true and accura	or the exemption stated in Section 119 ale and that my signature shall have the s report as required by Chapter 607, FI	same legal effect as if made under

SIGNATURE: