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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000084978 (2)

PALM BEACH TRAVEL, INC.

Principal Place of Business Mailing Address 2328 TENTH AVENUE STE 300 2328 TENTH AVENUE STE LAKE WORTH FL 33461 LAKE WORTH FL 33461-6							
						3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1995 06/18/1996	
2. Principal P	Place of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0633513 Not Applicab	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & Stat 23		City & State	·····			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Ζφ <b>24</b>	Country 25	Z <sub>1</sub> p	30	ountry	y 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Wo	
	9. Name and Address of Curr	ent Registered Agent		-	T 11	10. Name and Address of New Registered Agent	
	SSALLO, PATRICIA			81	Name		
,	8 TENTH AVENUE STE 300			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
LAK	KE WORTH FL 33461			12			
				83			
				84	City	85 Zip Code	
					1 - "/	rporation submits this statement for the purpose of changing its registere	
office or i agent. La SfGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or proted name of registered					ation's board of directors. I hereby accept the appointment as registered	
12.		AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THTLE	D	☐ DELETE	1.1	TITLE		Change Addition	
NAME	VASSALO, PATRICIA		1.2	NAME			
STREET ADDRESS	2328 TENTH AVENUE STE :	300	1.3	STREE	T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		1.4	CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1	TITLE		Change Addition	
NAME	DISALVO, KIM		2.2	NAME			
STREET ADDRESS	1684 FLAGLER PARKWAY V	VEST	2.3	STREE	T ADDRESS		
CITY-S1-ZIP	WEST PALM BEACH FL 334	311	2.	4 CITY-	-ST-ZIP	,	
TITLE		DELETE	3.1	TITLE		Change Additi	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STAEE	T ADDRESS		
CiTY+ST+ZIP			3.4	4. CITY-	-ST-ZIP		
TITLE		DELETE	4.1	TITLE		Change Addition	
NAME			4.	2 NAME			
STREET ADDRESS	1		4.3	3 STREE	T ADORESS		
CiTY+ST+ZiP					ST-ZIP		
TITLE		DELETE		1 THTLE		Change Additi	
NAME				2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS					ET ADORESS		
					ST-ZIP		
CITY - ST - ZIP TITLE		DELÉTE		TITLE		☐ Change ☐ Additi	
- 17 KK							

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.

64 CITY-ST-ZIP

62 NAME 63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

753-6187

**FILED** 

Feb 17 1997 8:00am

Secretary of State