DOCUMENT # PS	DIVISION C	ra B. Mortham retary of State DF CORPORATIONS		
CORPORATE TRAVEL - L	95000094580 (4 and, sea & air, inc.	4)		
Principal Place of Business 268 W STATE RD 434 LONGWOOD FL 32750	Mailing Address 268 W STATE RD 43 LONGWOOD FL 3275			ANT BOTH (BUT DIOL CHO) (CUT DUD DUD)
			3. Date Incorporated or Qualified 12/05/1995	3a. Date of Last Report
2. Principal Place of Business	28. Mailing Address 26 DD 7 B Fe Suite, Apt. #, etc.	ern Street	4. FEI Nümber 59-3345345	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required
Altamorte Spings	S FL 28 Attamonte		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z_{12} Countly Z_{12} Z_{25}	A- 20 200	100 Countr	8. This corporation has liability for i Florida Statutes Yes	ŪN₀
9. Name and Addres	ss of Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
RANDALL, RANDY J 268 W STATE RD 434 LONGWOOD FL 32750		82 Street Add 83	ress (P.O. Box Number is Not Acceptab	
		A4 01		
1. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Stat	84 City tutes, the above-named corpo	ration submits this statement for the pur	FL 85 Zip Code pose of changing its registered office intment as registered agent. I am
or registered agent, or both, in the familiar with, and accept the obligat IGNATURE <u>Signature</u> typed or priviled name of 2. O	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut	tutes, the above-named corpo prized by the corporation's boa	ro of directors, it hereby accept the appr	PL pose of changing its registered office bintment as registered agent. I am
registered agent, or both, in the 4 familiar with, and accept the obligat SIGNATURE Signature: typed or privide name of 12. OI ITLE PST RANDALL, RANDY 268 W STATE RD	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut of registered agont and trie it applicable FFICERS AND DIRECTORS	tutes, the above-named corpo prized by the corporation's boa tes. (NOTE: Registered Agent signature require 13.	ed when reinstating)	Dese of changing its registered office bintment as registered agent. I am DATE ICERS AND DIRECTORS IN 12
or registered agent, or both, in the 1 familiar with, and accept the obligat IGNATURE: Stgnature: typed or provided name of 2. OI TLE PST RANDALL, RANDY 268 W STATE RD LONGWOOD FL 32 TLE AME	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut of registered agont and trie it applicable FFICERS AND DIRECTORS	tutes, the above-named corporation's boates. PADTE: Registered Agent signature require 13. 1 1 TITLF 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-SI-ZIP 2 1 TITLE 2 2 NAME	ed when reinstating)	DATE
or registered agent, or both, in the 1 familiar with, and accept the obligat IGNATURE: Signature: typed or printed name of 2. OI TLE PST RANDALL, RANDY 268 W STATE RD LONGWOOD FL 32 TLE ADDRESS ITY- ST- ZIP LONGWOOD FL 32 TLE AME IREET ADDRESS ITY- ST- ZIP	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut of registered agent and inte it and calle FFICERS AND DIRECTORS	tutes, the above-named corporates. INOTE: Registered Agent signature require 13. 1 1 TITLF 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	ed when reinstating)	DATE CRAND DIRECTORS IN 12 Change Addition
or registered agent, or both, in the 1 familiar with, and accept the obligat IGNATURE: Signature: typed or priviled name of 2. OI TLE PST RANDALL, RANDY 268 W STATE RD LONGWOOD FL 32 TLE AME TREET ADDRESS 11Y-ST-ZIP TLE AME TREET ADDRESS 11Y-ST-ZIP TLE AME TREET ADDRESS 11Y-ST-ZIP	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut FFICERS AND DIRECTORS	tutes, the above-named corporates. (POTE: Registered Agent signature region 13. 1 1 TITLF 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	ed when reinstating)	Pose of changing its registered office pintment as registered agent. I am DATE ICERS AND DIRECTORS IN 12 Change Addition
or registered agent, or both, in the 1 familiar with, and accept the obligat IGNATURE: Signature: typed or priviled name of 2. OI TLE PST RANDALL, RANDY 268 W STATE RD LONGWOOD FL 32 TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE	State of Florida. Such change was autho tions of, Section 607.0505, Florida Statut of registered agont and tribilit any cate FFICERS AND DIRECTORS DELETE	tutes, the above-named corporates. INOTE: Registered Agent signature registree 13. 1 1 TITLF 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	ed when reinstating)	Pose of changing its registered office pose of changing its registered agent. I am DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition