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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000035096 (2)

1. Corporation Name

LAKE WORTH TRAVEL GROUP, INC.

Principal Place of Business

704 LUCERNE AVE.
LAKE WORTH FL 33414

Mailing Address

704 LUCERNE AVE.
LAKE WORTH FL 33460-3823



3. Date Incorporated or Qualified
04/23/1996

3a. Date of Last Report
12/31/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 LAKE WORTH TRAVEL GROUP
Suite, Apt. # 704 LUCERNE AVENUE
P.O. BOX 1469
LAKE WORTH, FLORIDA 33460
(561) 582-3522

28 Zip

Country

4. FEI Number
65-0653538

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

GEBAUER, J P
1965 SHOWER TREE WAY
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE J.P. GEBAUER - PRES ☐ DELETE

NAME
STREET ADDRESS 1965 SHOWER TREE WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ~~MANAGING TREASURER~~ ☐ DELETE

NAME
STREET ADDRESS PAMELA GEBAUER
CITY-ST-ZIP 1965 SHOWER TREE WAY
WELLINGTON, FL 33414

TITLE VICE PRES. ☐ DELETE

NAME
STREET ADDRESS FREDERIC J. SANFORD
CITY-ST-ZIP 304 HAMMOCKS TRAIL
W. PALM BCH, FL 33413

TITLE SECRETARY ☐ DELETE

NAME
STREET ADDRESS GRACE M. SANFORD
CITY-ST-ZIP 304 HAMMOCKS TRAIL
W. PALM BCH, FL 33413

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)