

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000035096**

1. Corporation Name

LAKE WORTH TRAVEL GROUP, INC.

Principal Place of Business

**704 LUCERNE AVE.
LAKE WORTH FL 33414**

Mailing Address

**P.O. BOX 1469
LAKE WORTH FL 33460
US**

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90021 026 ***550.00

603810 - 90021 - 26



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1996

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WARM, STEVEN ESQ
BOCA CORPORATE CENTER, SUITE 215
2101 CORPORATE BLVD.
BOCA RATON FL 33431**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GEBAUER, S P	
STREET ADDRESS	1965 SHOWER TREE WAY	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GEBAUER, PAMELA	
STREET ADDRESS	1965 SHOWER TREE WAY	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANFORD, FREDERIC J	
STREET ADDRESS	304 HAMMOCKS TRAIL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANFORD, GRACE M	
STREET ADDRESS	304 HAMMOCKS TRAIL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pedro R. Cameto	
1.3 STREET ADDRESS	1135 SW 19th ST	
1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joel Berger	
2.3 STREET ADDRESS	5961 NW 2 Ave	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Abukhalaf	
3.3 STREET ADDRESS	1135 SW 19th ST	
3.4 CITY-ST-ZIP	Boca Raton, FL 33486	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marc Linden	
4.3 STREET ADDRESS	661 SW 15th ST	
4.4 CITY-ST-ZIP	Boca Raton, FL 33486	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: **Pedro R. Cameto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-5823522

CR2E034 (5/99)