


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042340 (5)

1. Corporation Name  
**SUPER 20 TRAVEL MART CORPORATION**

Principal Place of Business <b>91781 SW 135TH STREET OCALA FL 34481</b>	Mailing Address <b>31781 SW 135TH STREET OCALA FL 34481</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**05/10/1996**

3a. Date of Last Report

4. FEI Number

**59-3397580**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ABUIMAISH, GHASSAN  
6812 NO 56TH STREET  
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name **JACK A. LEHOW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5422 TERESA RD**  
83  
84 City **TAMPA** FL 85 Zip Code **33615**

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



**JACK A. LEHOW**

**8-4-97**

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Munlaser M. Jaban**

STREET ADDRESS **1601 SW 27th Ave Apt 607**

CITY-ST-ZIP **OCALA FL 34474**

TITLE **Vice President** ☐ DELETE

NAME **Amjed M. Jaber**

STREET ADDRESS **1601 SW 27th Ave**

CITY-ST-ZIP **OCALA FL 34474**

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 **Vice President** ☐ Change ☐ Addition

1.2 NAME **Amjed M. Jaber**

1.3 STREET ADDRESS **1601 SW 135th St**

1.4 CITY-ST-ZIP **OCALA FL 34474**

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

4.3 STREET ADDRESS

4.4 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 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:



**8-4-97**

CR2E034 (4/97)