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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## P96000042340 **DOCUMENT#**

1. Corporation Name

SUPER 20 TRAVEL MART CORPORATION

## **FILED** May 08, 2000 8:00 am Secretary of State

05-08-2000 90040 029 \*\*\*150.00

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Principal Place of Business , Mailing Address										
1186	7 N. WILLIAM ST			٠	~					
7,00	50 30	. (21.	5/	m	G	,	50 NOT 115		00405	
1/867 N. William St DUNNERION, Tr. 34422 5M						ļ	DO NOT WRITE IN THIS SPACE			
	,						3. Date Incorporated or Qualifed	-96		
				·				76	<del></del>	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 59958	<b>/</b> )		Applied For	
26							39-371938	<u> </u>	<del></del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional Required	
City & State			State				A = 1 A			
City & Stat	e	- <b>├</b> ─┐	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zi			Country					mont wone let		1 to rees
. I				30			<ol><li>This corporation owes the cu Personal Property Tax.</li></ol>	Tent year int	iangibie ∐Yes	<b>⊉</b> No
*;	25   9. Name and Address of Curren			<u> </u>			10. Name and Address of New	Registered		
114			9011	81	Name			<u> </u>		
JACK A. LEHEW TC.					<u> </u>					
WIN DISTING Rd.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
7/	MPA FL 33	26.15		83	1		<u> </u>			
11	W11/14 PC 3	56/3			<u> </u>					
•					FL 85 Zip Code				Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	, Florida Statutes	, the abov	re-named	corpora	ation submits this statement for th	purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such itions of, Section	n change was aut n 607.0505, Florid	nonzed by la Statute	tne corp s.	oration	s board of directors, I hereby acco	the appoi	nunent as i	egistereu
SIGNATURE	XVIV									ı
	Signature, typed or printed name of registered ager	nt and title if applicable	e. (NOTE: R/		nt signature	required w	hen reinstating)	DATE		
12.		ID DIRECTORS		13,			ADDITIONS/CHANGES TO O	FICERS AN		
MILE	Prosiones	_	☐ DELETE	1.1 TITLE		1			☐ Change	s ☐ Addition
NAME	AMJED M. JA	7BER		1.2 NAME		1				
STREET ADORESS	11612 N 119111	man Cot	0-	1.3 STREE	T ADDRESS	·				
CITY-ST-ZIP	Dunacon E Vico Prosipor	-c 34	432	1.4 CITY-	ST-ZIP	ļ				CD Addition
TITLE	Vico Prosipor	15	☐ DELETE	2.1 TITLE					☐ Change	e 🔲 Addition
NAME	MUNTAGER M.	. I ABEI	R_	2.2 NAME						
STREET ADDRESS	11867 MI. WIL	-cim	5+	2.3 STREE	TADDRESS	; <b> </b>				:
CITY-ST-ZIP	MUNTAJER M. JABER 11867 M. William St DUNNELLOS, FL. 3+432		2. 4 CITY-ST-ZIP							
TITLE			DELETE	3.1 TITLE					Change	e
NAME				3.2 NAME		1				
STREET ADDRESS		•	•	3.3 STREE	TADDRESS	;	•			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			DELETE	4.1 TITLE					Change	e
NAME				4. 2 NAME	!	[				
STREET ADDRESS				4.3 STREE	TADDRESS	;				
CITY-ST-ZIP				4.4 CITY-						
TITUE			DELETE	5.1 TITLE	<u>-</u>	1		<del></del>	☐ Change	Addition
NAME				5.2 NAME						
nawic Street address	•			5.3 STREE	T ADDRESS	;				j
				5.4 CITY-		1				i
CITY-ST-ZIP		<del></del>	DELETE	6.1 TITLE		<del>  -</del> -	<del></del>		☐ Change	Addition

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 truetee 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 ap exacting the statutes, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR