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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 1

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042810 (7)

REUNION TRAVEL NETWORK, INC.

Principal Place of Business Mailing Address B780 ROYAL PALM BLVD. #207 8750 ROYAL PALM BLVD. #207 CORAL SPRINGS FL 33065-5825 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For -0080632 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 54e 54c Fee Required 27 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEHMAN, RICHARD S 8750 ROYAL PALM BLVD. #207 82 alm Blud Ste 207 **CORAL SPRINGS FL 33065** 83 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named
office or registered agent, or both, in the State of Florida. Such change was authorized by the corr
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. vitement for the purpose of changing its registered ors. I hereby accept the appointment as registered OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE 1.111111 Change Addition NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE 2.1 1111.6 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IF 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TH LE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELFTE TITLE Change Addition 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 111LE Change Addition NAME 6.2 NAME

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 eath; 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 18 is changed, or on an attachment with an address.

6.3 STREET ADDRESS

G.4 CITY - ST - ZIP

CIONATUDE.

STREET ADDRESS

CITY-ST-ZIP

DebuWinter Pres.

954-346-6778

FILED

Apr 18 1997 8:00am

Secretary of State