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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000066179 (8) FARI Y TRAVEL SERVICE INC

Principal Place of Business Mailing Address  5555 SAN GABRIEL DR. 5555 SAN GABRIEL DR. PENSACOLA FL 32504  PENSACOLA FL 32504						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/07/1996
2. Principal P	lace of Business	28. Mailing Add	2a. Mailing Address 6			4. FEI Number Applied For NOT APPLICABLE Not Applied For
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cu	irrent Registered Agent		-	T 11	10. Name and Address of New Registered Agent
	nzalez, sonia m			61	Name	
5555 SAN GABRIEL DR. PENSACOLA FL 32504			82 Street Ad		Street	Address (P.O. Box Number is Not Acceptable)
TER	10AUUDA FE 32304			83		
				84		FL 85 Zip Code
	to the provisions of Sections 607 ogistered agent, or both, in the 8 m familiar with, and accept the c	.0502 and 607.1508, Flor State of Florida. Such cha obligations of, Section 60	ida Statutes, the nge was authoriz 7.0505, Florida S	above ed by tatutes	e-named the corp s.	corporation submits this statement for the purpose of changing its registered noration's board of directors. I hereby accept the appointment as registered
	Signature, typed or pointed name of registers				ent signature	required when reinstaling) DATE
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CONTAILET CONTA	بكر	1	TITLE		PRESIDENT Change Addition
NAME	Gonzalez, sonia 555 san gabriel dr		1.			GONZALEZ, SONIA
STREET ADDRESS	ST-ZIP PANSACOLA FL 1 DELETE 2		1.3	1.4 CiTY-ST-ZiP		5555 SAN GABRIEL DR
CITY-ST-ZIP						PENSACOLA, FL 32504
TITLE				TITLE	l l	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	,
CITY-ST-ZIP				CITY-	ST-ZIP	
TITLE		[]		TITLE		Change Addition
4445.00			1		1	

CITY-ST-ZIP 14. 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 suppliemental 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 trusted 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

51 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELFTE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

3/9/96

250.42A

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Mar 12 1998 8:00am

Secretary of State