## FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

I do hereby certify that the information information indicated on this annual re-

City-ST-ZIF



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066681 (3)

JANICE TRAVEL INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1131 NORTH CHURCH AVENUE 1131 NORTH CHURCH AVENUE **TAMPA FL 33607** TAMPA FL 33607-4801 3. Date Incorporated or Qualified 3a. Date of Last Roport 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Opuntry This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **CORPORATION SERVICE COMPANY** 1201 HAYS STREET 82 Street TALLAHASSEE FL 32301 83 B4 City *īau* If Sections 607,0502 and 607,1508, Finda Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 accept the obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent. I am familiar with, SIGNATURE (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change \_\_\_ Addition TITLE 1.1 1014 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE

of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report or adoptemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that poration or the receiver or trustee inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name thanged, or an attachment with an address the same legal effect as if made under oath; that poration or the receiver or trustee inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the cappears in Block 12 or Block 13 Richard W. Halopa

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP