## FILED May 01 1997 8:00am Secretary of State

## PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

OCUMENT # 1960000 71 287

LYNNPRO TRAVEL CONSULTANTS, INC.

| Principal Plac               | e of Business  | Mailing                         | Mailing Address                      |                                      |  |            |  |                 |                              |
|------------------------------|--|---------------------------------|--------------------------------------|--------------------------------------|--|------------|--|-----------------|------------------------------|
| 1.5                          | 00 00 1000 51 00   |                                 |                                      |                                      |  |            |  |                 |                              |
|                              | 90 SW 13TH PLACE   |                                 |                                      |                                      |  | l          |  |                 |                              |
| BOYNTON BEACH, FLORIDA 33426 |  |                                 |                                      |                                      |  | Ī          | 3. Date Incorporated or Qualified  | 3a. Date of L   | ast Report                   |
| ke.<br>L                     |  |                                 |                                      |                                      |  |            | 8/27/96  | NONE            | ž.                           |
| . Principal P                | lace of Business   | 2a. Mait                        | 2s. Mailing Address                  |                                      |  |            | 4. FEI Number  | 1               | Applied For                  |
| T SA                         | ME   | 26                              | 26                                   |                                      |  |            | 65-0719118   | <u> </u>        | Not Applicable               |
| Sulte, Apt.                  | €, etc.  | Suite                           | Suite, Apt. #, etc.                  |                                      |  |            | 5. Certificate of Status Desired \$8.75 Additional   |                 |                              |
| =                            |  | 27                              | 27                                   |                                      |  |            | Fee Required   |                 |                              |
| City & State                 |  | City                            | City & State                         |                                      |  |            | 6. Election Campaign Financing \$5.00 May Be   |                 |                              |
|                              |  | 28                              |                                      |                                      |  |            | Trust Fund Contribution  | ☐ Ad            | ded to Fees                  |
| Zip                          | Country  | Zip                             |                                      | <del></del>                          | intry  | - 1        | 8. This corporation has liability for in   |                 | der s. 199.032,              |
| 4                            | 25   | 29                              |                                      | 30                                   |  |            |  | Yes No          |                              |
|                              | 9. Name and Address of Curren  | l Registered                    | Agent                                |                                      | 541 14   |            | 10. Name and Address of New Reg  | istered Agent   |                              |
|                              |  |                                 |                                      |                                      | 81 Name  | CAI        | ROL B. HAIGHT, P.  | A               |                              |
|                              |  |                                 |                                      |                                      | Street Address (P.O. Box Number is Not Acceptable) 370 WEST CAMINO GARDENS BLVD. |            |  |                 |                              |
| DOUGLAS E. THOMPSON          |  |                                 |                                      |                                      |  | 370        | O WEST CAMINO GAI  | RDENS BI        | LVD.                         |
| 645 S. MILITARY TRAIL        |  |                                 |                                      |                                      | 83   | 811.       | ITE 300  |                 |                              |
| * .                          | WEST PALM BEACH  | EI.                             | 33415                                |                                      | 84 City  | 30.        | 11E 300  | 20              | Zip Code                     |
|                              |  |                                 |                                      |                                      |  | BOO        | CA RATON, FLORIDA  | . #~L     :     | 22/22                        |
| 11. Pursuant                 | to the provisions of Sections 607.0502   | and 607.15                      | 08, Florida Statut                   | es, the al                           | ove-named  | corpora    | ation submits this statement for the pure submits and submits a submits and su | rpose of changi | ng its registered            |
| Office or fi                 | egistered agent, or both, in the State of th | of Florida, Su<br>fions of Seel | ion change was a<br>tion 607.0505_Ex | autnorizeo<br>or <del>ida Stat</del> | d by the corp  | poration   | 's board of directors. I hereby accept   | the appointmen  | it as registered             |
| ,                            |  |                                 | Taish                                |                                      |  |            |  |                 |                              |
| SIGNATURE                    | Signature, typed or printed hamp of registered ager  | nt and title if applic          |                                      | E Registered                         | Agent signature  | required y | vhen reinstaling)  | DATE            |                              |
| 12.                          | OFFICERS AND   | DIRECTORS                       |                                      | 13.                                  |  |            | ADDITIONS/CHANGES TO OFFICE  | RS AND DIREC    | TORS IN 12                   |
| FITLE                        | DEPETRENT CECE   | TT A D V                        | ☐ DELETE                             | 1170                                 | TLE  |            |  | L Cha           | nge Addition                 |
| NAME                         | PRESIDENT, SECRE   | TARI                            |                                      | 1 2 NA                               | ME I   |            |  |                 |                              |
| STREET ADDRESS               | 1590 SW 13TH PL  |                                 |                                      | 1357                                 | REET ADDRESS   |            |  |                 |                              |
| CITY-ST-ZIP                  | BOYNTON BEACH.   |                                 | 426                                  | 1.4 CI                               | TY-\$T-ZIP   |            |  |                 |                              |
| TITLE                        |  |                                 | DELETE                               | 2111                                 | TLE  |            |  | Cha             | nge Addition                 |
| NAME                         |  |                                 |                                      | 2 2 NA                               | WE   |            |  |                 |                              |
| STREET ADDRESS               |  |                                 |                                      | 23\$1                                | REET ADDRESS   |            |  |                 |                              |
| ÇITY-ST-ZIP                  |  |                                 |                                      | 2 4 0                                | ITY-\$1-ZIP  |            |  |                 |                              |
| TITLE                        | <del></del>  |                                 | DELETE                               | 31 11                                | TLE  |            |  | ∐ Cha           | nge Addition                 |
| HAVE                         |  |                                 |                                      | 32 N                                 | IME  |            |  |                 |                              |
| STREET ADDRESS               |  |                                 |                                      | 33 ST                                | REET ADDRESS   |            |  |                 |                              |
| ATY-ST-ZIP                   |  |                                 |                                      | 34 C                                 | ITY-ST-ZIP   |            |  |                 |                              |
| ÎTLE                         |  |                                 | DELETE                               | 4170                                 | TLE  |            |  | Cha             | nge Addition                 |
| NAME                         |  |                                 |                                      | 4 2 N                                | AME  |            |  |                 |                              |
| STREET ADDRESS               |  |                                 |                                      | 4351                                 | REET ADDRESS   |            |  |                 |                              |
| CITY+ST-ZIP                  |  |                                 |                                      | 4 4 CI                               | TY-ST-ZIP  |            |  |                 |                              |
| TITLE                        |  |                                 | DELETE                               | 5 1 117                              | TLE  | -          |  | Cha             | nge Addition                 |
| NAME                         |  |                                 |                                      | 5 2 NA                               | MK 3MA   |            |  |                 | <b>`</b> .                   |
| STREET ADDRESS               |  |                                 |                                      | 5351                                 | REET ADDRESS   |            |  | ( _             | 111                          |
| CITY-ST-ZIP                  |  |                                 |                                      |                                      | TY-ST-ZIP  |            | 20000024   | 5-5-2           | $\mathcal{KV}_{\mathcal{L}}$ |
| TITLE                        |  |                                 | DELETE                               | 61 [                                 | <del></del>  | · · · · ·  | 3000021<br>-05/05/9701   | 三三 日前           | nge Addition                 |
| NAME                         |  |                                 |                                      | 6 2 NA                               | VME .  |            | ~us/us/3[U]<br>***165.00   | .uz5U1U         | į.                           |
| STREET ADDRESS               |  |                                 |                                      |                                      | REET ADDRESS   |            | UU_Cd1***  |                 |                              |
|                              |  |                                 |                                      |                                      |  | I          |  |                 |                              |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, a 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 logal 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.