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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000051074 (7)

FAIRBANKS TRAVEL, INC.

FILED May 13 1998 8:00am Secretary of State



2458 NORTHWEST 63RD STREET BOCA RATON FL 33496		2458 NORTHW	2458 NORTHWEST 63RD STREET BOCA RATON FL 33496			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1997	
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied For 26-4922008 Not Applicate	
Sulte, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
City & Stato		City & State	City & Stale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zφ 29	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curr					10. Name and Address of New Registered Agent	
GR(265	INEKAMP, TOM JR DSSMAN AND ROTH P.A. 4 S. BAYSHORE DR PH1 MI FL 33131			81 82 83	Name Street	e t Address (P.O. Box Number is Not Acceptable)	
				84	City	FL 85 Zip Code	
office or re agent. I an SIGNATURE	gistered agent, or both, in the Standamiliar with, and accept the ob-	ate of Florida. Such cha digations of, Section 60	inge was auti 7.0505, Floric	horized by la Statute	the cor	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered are required when reinstalling) DATE	
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
TITLE			DELETE	1 1 1HLE		PRESIDENT Change WAddit	
NAME				1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT ROCHELIC RUTTENBERG LYSS NW. 634 5 TREET LYSS NW. 634 5 TREET	
STREET ADDRESS				1.3 STREET	ADDRESS	2418 NW. 635	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		130CH MATON, 1 LORIDA 33496	
TITLE			DELETE	2.1 TITLE		Change Addit	
NAME				2.2 NAME			
STREET ADDRESS				2 3 STREET ADDRESS		·	
CITY-ST-ZIP			05: 576	2. 4 CITY-\$1-ZIP		Change Addit	
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NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE		'	
CITY-ST-ZIP			DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP	Change Addil	
TITLE		Ļ	DECERE	4.1 THEE.			
NAME					ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP TITLE	DELETE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addit	
NAME				5.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				5.4 CITY-1			
TITLE		DELETE		61 THLE		Change Addit	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREE	ADDRESS	;	
CITY-ST-ZIP				6.4 CITY - 3	ST - ZIP		
14. I hereby c indicated officer or o	on this propert report or consulating	ental annual report is tru receiver or trustee empi	ue and accura owered to exi	ato and th	at my sid	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in	