


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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000084305 (6)**

1. Corporation Name

**NATIONAL TRAVEL CENTRAL, INC.**

Principal Place of Business

**3015 NORTH OCEAN BLVD SUITE 102  
FT LAUDERDALE FL 33308**

Mailing Address

**3015 NORTH OCEAN BLVD SUITE 102  
FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/30/1997**

2. Principal Place of Business 21 <b>871 W. Oakland Park Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT Lauderdale, FL</b> Zip 24 <b>33311</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>871 W. Oakland Park Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT Lauderdale, FL</b> Zip 29 <b>33311</b> Country 30 <b>US</b>
---	--

4. FEI Number  
**65-0786595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLODIG, GREGORY J ESO  
GREENSPOON, MARDER, HIRSCHFELD, ET AL.  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

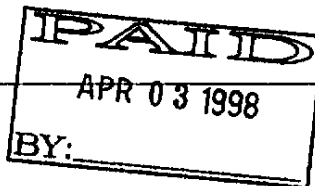
(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERT, DANIEL</b>	1.2 NAME	<b>LAMBERT DANIEL</b>
STREET ADDRESS	<b>3015 NORTH OCEAN BLVD SUITE 102</b>	1.3 STREET ADDRESS	<b>871 West Oakland Park Blvd.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	1.4 CITY-ST-ZIP	<b>FT Lauderdale, FL 33311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERRILLO, JAMES</b>	2.2 NAME	<b>VERRILLO, JAMES</b>
STREET ADDRESS	<b>3015 NORTH OCEAN BLVD SUITE 102</b>	2.3 STREET ADDRESS	<b>871 West Oakland Park Blvd.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	<b>FT Lauderdale FL 33311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INDIK, AVI</b>	3.2 NAME	<b>INDIK, AVI</b>
STREET ADDRESS	<b>3015 NORTH OCEAN BLVD SUITE 102</b>	3.3 STREET ADDRESS	<b>871 West Oakland Park Blvd</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	3.4 CITY-ST-ZIP	<b>FT Lauderdale FL 33311</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



14. I 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 oath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: