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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087844 (1)

AIC TRAVEL OF FLORIDA, INC.

560 CENTURY DRIVE	
MARCO ISLAND FL 24145	

## **FILED** Sep 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 560 CENTURY DRIVE MARCO ISLAND FL 34145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59347 351 ATMINT Not Applicable Buite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23] NAPLES 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 34 courer 29 Personal Property Tax due June 30. Yes No **loc** 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FRANK, ANN T 2124 AIRPORT ROAD SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 102 83 NAPLES FL 34112 City 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. Biginiture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THILE 1.1 TIME D'ALESSANDRO, ED NAME 1.2 NAME **580 CENTURY DRIVE** STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change ☐ Addition TITLE 21 TITLE IAVARONE, JENNIFER NAME 2.2 NAME **560 CENTURY DRIVE** STREET ADDRESS 23 STREET ADDRESS MARCO ISLAND FL 34145 2 4 CITY-ST-ZIP CHTY-S1-7IP DELETE Change Addition TITLE 3 1 TITLE ROSENTHAL, DANIEL NAME 3.2 NAME **560 CENTURY DRIVE** STREET ADDRESS 3.3 STREET ADDRESS MARCO ISLAND FL 34145 3.4. CITY - ST - ZIP CITY - \$1 - ZIP DELETE TITLE Change Addition 4.1 TILLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7# 5.4 CITY - \$1 - ZIP Change DELETE Addition TITLE 6 1 111LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 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.