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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13927

(6)

SELECT SPORT TRAVEL, INCORPORATED

Principal Place of Business Mailing Address 7628 S TAMIAMI TRAIL 7628 S TAMIAMI TRAIL SARASOTA FL 34231-6840 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1990 02/26/1996 Applied For Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0252753 Not Applicable 21 26 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žφ Country 8. This corporation has liability for intangible tax under s. 199.032, 💟 Yes 🔲 No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUDD, EDWARD S. 1614 CARIBBEAN DR 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 City 85 Zip Code 11. Pursuant to this 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signating Specific plane of rigidized agent and the diagraphic (NOT). Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change DP Addition Table 11 THE RUDD, EDWARD S. NAME 1.2 NAME 1614 CARIBBEAN DR STREET ADDIGESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP COTY-ST ZIF DELETE ☐ Change Addition 100.6 21 TITLE NAM 2.2 NAME 2.3 STREET ADDRESS STREET 400Hess 2. 4 City-St-ZiP C(1) - S1 - ZIP Change Addition DELETE 3.1 TITLE 31115 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY \$1-700 34 CHY+ST-ZIP DELETE Channe Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY- 51-20 4.4 CITY - ST - ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STEEL LACORESS 54 CITY-ST-ZIP  $0.07 \times S^* \times 70^5$ DELETE Change Addition 6.1 TITLE 1111 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

Eland SParks

EDWARD S.

6.4 CHTY-ST-ZIP

information undirated 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 true corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information suppried with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

. Rups

941-923 2283

(96/6)

CR2E034

**FILED** 

Mar 21 1997 8:00am

Secretary of State