FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S25931

	RAVEL, INC.				
Principal Place of Business Mailing Address					
1499 YAMATO BOCA RATON		1499 YAMATO ROAD BOCA RATON FL 3343	1		
				3. Date Incorporated or Qualified 01/18/1991	3a. Date of Last Report 07/14/1995
. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
l		26		65-0245017	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5 00 May Be
		28		Trust Fund Contribution	Added to Fees
Ζp	Country	Ζιρ	Country	8. This corporation has liability for i	
	25 g. Name and Address of Curr	29	30	Florida Statutes Yes 10. Name and Address of New R	
Pursuant to or registere familiar with SIGNATURE.	ad agent, or both, in the State of Fin, and accept the obligations of S	torida: Such change was authorizasection 607.0505, Florida Statutes Company C	zed by the corporation s o	re festiva sementalani)	4-22-96.
12.	OFFICERS ¹	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
ITLE	PD	DELETE	1 1 Title		Change 🔲 Addition
NAME	MOFFETT, DEBORAH J.		12 NAM	1507 S. OCEAN BLV	D. APT. RA
TREET ADDRESS	3710 D. VILLAGE DRIVE	•	1.3 STREE! AUDRESS	BOCA RATON, FL 3	2 4 -2.5
ITY-ST-ZIP	DELRAY BEACH FL 83446	DELFTE	1.4 CHY - S1 - ZIF' 2 1 TITLE	WER EN 1019, 12 2	Change Additio
ITLE IAME			2.2 NAME		
TREET ADDRESS			2.3 STHEFF ADDRESS		
ITY - ST - ZiP			2.4 C-TY - ST - ZIF		
TITLE		☐ DELETE	3 1 HILE		Change Addition
IAMÉ			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIF			3.4 CHY - \$1 - ZIF		Choose FT 44405
ITLE		DELETE	4 1 TITLE		Change Additio
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY - \$1 - ZIP		Change Addition
TITLE		☐ pcttig	5 1 TITLE		C 4114184 C 7114414
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME			O Z MANAL		

CITY-S1-2IP

14. 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. 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. 4-22-96 407-241-9606.

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