

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S26123** (7)
1. Corporation Name
PREMIUM TRAVEL OF NAPLES, INC.



Principal Place of Business 5600 TAMiami TRAIL N 19 AND 20 NAPLES FL 34108 US	Mailing Address 5600 TAMiami TRAIL N 19 AND 20 NAPLES FL 33983 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business TRAIL N 2236 TAMiami Suite, Apt. #, etc.		2a. Mailing Address 2236 TAMiami TRAIL N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1991
23. NAPLES, FL City & State		28. NAPLES, FL City & State		4. FEI Number 65-0235276
24. 34103 Zip		29. 34103 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. COLLIER Country		30. COLLIER Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent RELIABLE AGENTS, INC. 801 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JOHN C.	1.2 NAME	
STREET ADDRESS	5600 TAMiami TRAIL NORTH, #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	CHM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, THOMAS N.	2.2 NAME	
STREET ADDRESS	5600 TAMiami TRAIL, SUITE 19 AND 20	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DEBRA S.	3.2 NAME	
STREET ADDRESS	5600 TAMiami TRAIL NORTH, #20	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CHARLES M.	4.2 NAME	
STREET ADDRESS	5600 TAMiami TRAIL NORTH, #20	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		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		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:



1/28/98 944 592-7676

CR2E034 (10/97)