

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

PROFIT  
CORPORATION  
~~ANNUAL~~ REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 05 1996 8:00 am  
Secretary of State

DOCUMENT # S50358 (8)

1. Corporation Name

FLORIDA TRAVEL NETWORK, INC.

Principal Place of Business

151 107 AVE  
SUITE 8M  
TREASURE ISLAND FL 33706

Mailing Address

151 107 AVE  
SUITE 8M  
TREASURE ISLAND FL 33706

3. Date Incorporated or Qualified

05/03/1991

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

21 9641 Gulf Blvd.

Suite, Apt. #, etc.

22 City & State

23 Treasure Island Fl.

24 Zip 33706

25 Country U.S.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

4. FEI Number

59-3067351

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DISANO, DANE E.  
4020 PARK ST N  
SUITE 301-B  
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HERRON, JAMES M.  
STREET ADDRESS 10762 CHRISTOPHER CT  
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE VST  
NAME VOGEL, VANCE L.  
STREET ADDRESS 215-6 85TH AVE  
CITY-ST-ZIP TREASURE ISLAND FL

☐ DELETE

TITLE D  
NAME VOGEL, VANCE L.  
STREET ADDRESS 215-6 85TH AVE  
CITY-ST-ZIP TREASURE ISLAND FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

James M. Herron SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/96

813/360-6939

CR2E034 (12/95)