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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual rule I am an officer or director of the terpora appears in Block 12 or Block 13 than

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$50358

(8)

FLORIDA TRAVEL NETWORK, INC.

Dien voltten all transport					 					
Principal Place of Business Mailing Address								,, 6,6,, 6,6,		
9641 GULF BLA TREASURE ISL		9641 GULF BLYD TREASURE ISLAND FL 33706-3209								
						3. Date Incorporated or Qualified 05/03/1991		e of Last 5/1996	Report	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	.1	' 	pplied For	
21		26			59-3067351	067351 Not Applicable				
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
22		27				To Solding St. States Desired		Fee F	lequired	
City & Stat	le	City & State			6. Election Campaign Financing	_		May Be		
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in	ntangible t	ax under	s. 199.032,	
24	25 9. Name and Address of Currer	29 Segistered Agent	30			Florida Statutes 10. Name and Address of New Reg	Yes 🗌			
DIOS		it negisteren Agent		81	Name	10. Name and Address of New Rej	gistered A	gent		
	NO, DANE E.			~∵	racino					
	PARK ST N			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
	E 301-B		83							
51 P	PETERSBURG FL 33709			١						
			Ī	84	City		FL	85 Zip	Code	
	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	12 and 607.1508, Florida Statutes of Florida Such change was au ations of, Section 607.0505, Flori	s, the ab thorized ida Statu	ove l by ites	-named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of c t the appoi	hanging ntment a	its registered s registered	
SIGNATURE	Signator Typed or plinted have entrepistered age	ent and title it applicable (NOTE:	Registered	Ager	nt signature requi	red when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TURF	PD	☐ DELETE	1 1 TITLE					Change	Addition	
NAME	HERRON, JAMES M.		12 NA	ME						
STREET ADDRESS	10762 CHRISTOPHER CT		1.3 STREET ADDRESS		address					
CITY-ST-7F	LARGO FL			1.4 CITY-ST-ZIP						
THLE	VST	DELETE	21 TITLE					Change	Addition	
NAME	VOGEL, VANCE L.		2.2 NAME						i	
\$TREET ADDRESS	215-6 85TH AVE		2 3 STRE		ADDRESS					
CITY - ST - ZiF	TREASURE ISLAND FL			[Y-S]	T - ZiP					
TiTLE	D DELETE			LE				Change	Addition	
NAME	VOGEL, VANCE L.		3.2 NAME							
STREET ADORESS	215-6 85TH AVE		3.3 STRE		address					
CHY-51-20F	Treasure Island FL				T-ZIP					
TITLE		[_] DELETE	4.1 TITLE				Ţ	Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS		4.		4.3 STREET ADDRESS						
CITY-ST-ZIF				4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 111	.É				_] Change	Addition	
NAME			52 NAI	ΜE						
STREET ADDRESS			5.3 STP	EET A	ADDRESS					
CHY-ST-Ziff			5.4 CIT		- ZIP					
TITLE		☐ DELETE	6.1 TITU	.E				Change	Addition	
NAME	\		6.2 NA	4E						
STREET ADDRESS	\		6.3 STR	EET A	ADDRESS					

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plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it is report as required by Chapter 607, Florida Statutes; and that my name

2-24-97

Daytime Phone #