

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # V01316 (1)**

1. Corporation Name  
**NEW SMYRNA TRAVEL, INC.**



Principal Place of Business: 301 FLAGLER AVE, NEW SMYRNA BEACH FL 32169  
Mailing Address: 301 FLAGLER AVE, NEW SMYRNA BEACH FL 32169

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25 Country; 26 Mailing Address; 27 State, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

3. Date Incorporated or Qualified: 12/18/1991  
3a. Date of Last Report: 05/01/1995  
4. FEIN Number: 59-3096512  
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

**TORRENCE, E. THOMAS  
301 FLAGLER AVE  
NEW SMYRNA BEACH FL 32169**

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

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, Florida Statutes, the above named person on behalf of 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. The agent accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0206, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TORRENCE, E. THOMAS	
STREET ADDRESS	301 FLAGLER AVE	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TORRENCE, E. THOMAS	
STREET ADDRESS	301 FLAGLER AVE	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this report was fairly furnished and does not omit, for the exception 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; that I or my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (904) 427-3444

CR2E034 (12/95)