

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V01887

(1)

1. Corporation Name

MARGATE TRAVEL, INC.

Principal Place of Business

**6221 MARGATE BLVD
MARGATE FL 33063
US**

Mailing Address

**6221 MARGATE BLVD
MARGATE FL 33063
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0808361-65-0566939

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SHAFFER, ROGER L.
2499 GLADES RD.
SUITE 313
BOCA RATON FL 33431**

10. Name and Address of Now Registered Agent

81 Name

TIMOTHY W. GREEN

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

101 DOCKSIDE CIRCLE

83 City

FT LAUDERDALE

84 State

FL

85 Zip Code

33327

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, of 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]

(If 31. Registered Agent Signature Required When Filing)

7-18-95

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

STEVENS, KENNETH W.

STREET ADDRESS

3200 NE 36TH ST., #1212A

CITY, ST, ZIP

FT. LAUDERDALE FL

1. TITLE

D

NAME

STEVENS, EUGENIA C.

STREET ADDRESS

3200 NE 36TH ST., #1212A

CITY, ST, ZIP

FT. LAUDERDALE FL

1. TITLE

D

NAME

SHAFFER, ROGER L.

STREET ADDRESS

2499 GLADES RD., #313

CITY, ST, ZIP

BOCA RATON FL

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE

PRESIDENT

☒ Change ☐ Addition

2. NAME

TIMOTHY W. GREEN

3. STREET ADDRESS

101 DOCKSIDE CIRCLE

4. CITY, ST, ZIP

FT LAUDERDALE, FL 33327

2. TITLE

SECRETARY

☒ Change ☐ Addition

2. NAME

NORA E. DE LA O

3. STREET ADDRESS

3241 H S. PORT ROYALE DRIVE

4. CITY, ST, ZIP

FT. LAUDERDALE, FL 33308

3. TITLE

DIRECTOR

☒ Change ☐ Addition

3. NAME

RANDALL HALLEY

3. STREET ADDRESS

4653 FEATHERCREST

4. CITY, ST, ZIP

FT. WORTH, TX 76137

4. TITLE

☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that this information is based on the 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 a 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 any subsequent filing with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-95 (305) 974-4216