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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V10158

(6)

AGE OF	THAVEL, INC.								
Principal Plac	e of Business	Mailing Address	,			HERRA DILLARI DIDIL DIPERTI HADAN DARKI DEL	TORRE ORBITAL		
223-A INTERLAI LAKE PLACID F		223-A INTERLAKE BLVD. LAKE PLACID FL 33852-9621							
					l l	Date Incorporated or Qualified 01/28/1992		te of Last R 2/1996	leport
2. Principal Place of Business		2a. Mailing Address			4.	. FEI Number		Ar	pplied For
21		26				59-3104716			ot Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5.	. Certificate of Status Desired		4	Additional equired
City & State		City & State				Clarks Consider Figure			
23		28			•	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Countr	у	8	This corporation has liability for		·····	
24	25	29	30				Yes [, 155,652,
	Name and Address of Curren	t Registered Agent			10	, Name and Address of New R	egistered A	gent	
MOT	TINGER, DICK		B1	Name					
223-A INTERLAKE BLVD.				Street /	Address (P.O. Box Number is Not Accepta	ble)		
LAKE	E PLACID FL 33852						,		
			83	3					
			84	City				85 Zip (Code
							FL		
office or r agent. La SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was alions of, Section 607.0505, Fl	authorized b lorida Statute	y the corp is.	poration's	board of directors. I hereby acce	pt the appo	intment as	registered
12.	Signature: Typeof or printed name of impotence ago: OFFICERS ANI		TE Registered A	jeni signature		an reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOR	2C IN 12
TITLE	DST	DELETE	1.1 TITLE	<u>-</u>	7	ADDITIONS/OF ANGLS TO OFFE	OLIIS AND	Change	Addition
NAME	MOTTINGER, DICK		1.2 NAME		ļ		'	Unango	
STREET ADDRESS	420 SPRUCE ST			T ADDRESS					
City-St-7iP	LAKE PLACID FL		1.4 CITY-						
TITLE	DP	DELETE	2.1 TITLE	D1-24				Change	Addition
NAME	BOWEN, BRADFORD T., JR.	_	2.2 NAME				,		
STREET ADDRESS	145 HARRY LEE RD.			T ADDRESS					
CrTY - S1 - ZiP	LAKE PLACID FL		2. 4 CITY						
TITLE	D	DELETE	3.1 TITLE		DP			Change	☐ Addition
NAME	MOTTINGER, HARRY H.		3.2 NAME		- '			. •	
STREET ADDRESS	230 KEITH AVE., N.W.		3.3 STREE	T ADDRESS					
C-TY - ST - ZIP	LAKE PLACID FL		3.4. CITY-	·ST-ZIP					
THEF		☐ DELETE	4.1 TITLE	***************************************		•		Change	Addition
NAME			4. 2 NAM	.					
STREET ADDRESS			4.3 STREE	T ADDRESS					
C-1Y-\$1-ZIP			4.4 CITY-	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY+SI+ZIP		·····	5.4 CITY -	ST-ZIP					
THLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADORESS	[

City-SI-2IP

14. I do 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.

FILED

Apr 08 1997 8:00am

Secretary of State