

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05/23/95

DOCUMENT # **V12574** (2)

1. Corporation Name

INTRAV RECEPTIVE SERVICES, INC., A FLORIDA CORPORATION

Principal Place of Business

Mailing Address

2803 WEST BUSCH BLVD., SUITE 107
TAMPA FL 33618
US

2803 WEST BUSCH BLVD., SUITE 107
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/05/1992** 3a. Date of Last Report **10/04/1994**

4. FEI Number **59-3109045** 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. 199.037, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2909 Bay to Bay Blvd**

26 **2909 Bay to Bay Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 109**

27 **Suite 109**

City & State

City & State

23 **Tampa, Florida**

28 **Tampa, Florida**

Zip

Country

Zip

Country

24 **33629**

25 **US**

29 **33629**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNOPKE, WILLIAM C.
2803 W. BUSCH BLVD.
SUITE 107
TAMPA FL 33618**

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: Type or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

(14)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KNOPKE, WILLIAM C., II
STREET ADDRESS	2803 W. BUSCH BLVD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	LEE, BRIAN MAM C., II
STREET ADDRESS	2803 W. BUSCH BLVD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	SCHOUBERT, ROLAND W.
STREET ADDRESS	2803 W. BUSCH BLVD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	REMO, ARMANDO G., JR.
STREET ADDRESS	2803 W. BUSCH BLVD, #107
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D ☒ Change ☐ Addition
12 NAME	KNOPKE, WILLIAM C., II
13 STREET ADDRESS	2909 Bay to Bay Blvd, #109
14 CITY, ST, ZIP	Tampa FL 33629
21 TITLE	D ☒ Change ☐ Addition
22 NAME	LEE, BRIAN M.
23 STREET ADDRESS	2909 Bay to Bay Blvd, #109
24 CITY, ST, ZIP	Tampa FL 33629
31 TITLE	D ☒ Change ☐ Addition
32 NAME	SCHOUBERT, ROLAND W.
33 STREET ADDRESS	2909 Bay to Bay Blvd Suite 109
34 CITY, ST, ZIP	Tampa FL 33629
41 TITLE	P ☒ Change ☒ Addition
42 NAME	BENFORD, GEORGE C.
43 STREET ADDRESS	2909 Bay to Bay Blvd Suite 109
44 CITY, ST, ZIP	Tampa FL 33629
51 TITLE	S ☒ Change ☐ Addition
52 NAME	REMO, ARMANDO G., JR.
53 STREET ADDRESS	2909 Bay to Bay Blvd Suite 109
54 CITY, ST, ZIP	Tampa FL 33629
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: **WILLIAM C. KNOPKE II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/95
Date

813 8392605
Filing Number