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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:55

DOCUMENT # V15854 (5)

1. Corporation Name

FIRST CHOICE TICKETS TOURS & TRAVEL INC.

Principal Place of Business

1515 SE 17TH
#133
FORT LAUDERDALE FL 33316-3122
US

Mailing Address

1515 SE 17TH
#133
FORT LAUDERDALE FL 33316-3122
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

02/21/1992

02/25/1994

4. FEI Number

76-0221419

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CLAY, NATHANIEL
1515 SE 17TH
#133
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CLAY, NATHANIEL
STREET ADDRESS 2424 SE 17TH STREET #209B
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V
NAME STRICKLAND, STACY
STREET ADDRESS 8740 NW 40TH STREET #404
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S
NAME CLAY, KWANZA
STREET ADDRESS 2424 SE 17TH STREET #209B
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T
NAME SHARPE-STRICKLAND, KIMBERLY
STREET ADDRESS 8740 NW 40TH STREET #404
CITY-ST-ZIP CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PIVITS ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Omit/delete

Omit/delete

Omit/delete

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes.

SIGNATURE:

Nathaniel Clay

2/15/95

(305) 963-4456