

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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

02/21/1992

4. FEI Number

70-0221419-65-0486425

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☒ Yes ☐ No

2. Principal Place of Business

21 708 SE 17th Street

Suite, Apt. #, etc.

**22 City & State
Ft. Lauderdale FL**

23 Zip 33316 25 Country USA

2a. Mailing Address

26 708 SE 17th Street

Suite, Apt. #, etc.

**27 City & State
Ft. Lauderdale FL**

28 Zip 33316 30 Country USA

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 KWANZA C. CLAY
82 Street Address (P.O. Box Number is Not Acceptable)
708 SE 17th ST
83
84 City FT LAUDERDALE FL 85 Zip Code 33316**

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-98

12. OFFICERS AND DIRECTORS

**TITLE PVTs
NAME CLAY, NATHANIEL
STREET ADDRESS 5250 S.W. 4TH ST.
CITY-ST-ZIP PLANTATION FL** ☒ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PVTs
1.2 NAME CLAY, KWANZA C.
1.3 STREET ADDRESS 12480 NW 15th ST #301
1.4 CITY-ST-ZIP SUNRISE, FL 33323** ☒ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

14. I 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.

SIGNATURE:

3-20-98

954-463-4456

CR2E034 (10/97)