

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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **V21140**

(1)

1. Corporation Name

CORAL SPRINGS TRAVEL INC.



Principal Place of Business

**1150 UNIVERSITY DR
CORAL SPRINGS FL 33071
US**

Mailing Address

**10315 NW 42ND DR
CORAL SPRINGS FL 33065-1568
US**

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0324783

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

9. Name and Address of Current Registered Agent

**CULLIGAN, DIANE E.
10315 NW 42ND DRIVE
CORAL SPRINGS FL 33065**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
CULLIGAN, JENNIFER J**
STREET ADDRESS **10315 NW 42 DR**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **TD
CULLIGAN, THOMAS C. JR.**
STREET ADDRESS **2492 N.W. 89 DR.**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **D
CULLIGAN, JOHN J**
STREET ADDRESS **4175 CORAL SPRINGS DR**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **PD
CULLIGAN, DIANE E.**
STREET ADDRESS **10315 N.W. 42 DR.**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **SD
CULLIGAN, THOMAS C.**
STREET ADDRESS **10315 N.W. 42 DRIVE**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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.

SIGNATURE:

Thomas C. Culligan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C CULLIGAN JR 4/10/97 9549281990
Date Daytime Phone #

CR2E034 (9/96)