

CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # V48943

1. Corporation Name

ROYAL TRAVEL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

560 E. MCNAB RD
POMPANO BEACH, FL 33060

OLD ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1500 E ATLANTIC BLVD

Suite, Apt. #, etc.

22 C

City & State

23 POMPANO BEACH, FL

Zip

24 33060

Country

25 USA

2a. Mailing Address

26 -

Suite, Apt. #, etc

27 -

City & State

28 -

Zip

29 -

Country

30 -

3. Date incorporated or Qualified

07/06/92

3a. Date of Last Report

07/26/96

4. FEI Number

65-0345733

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARD J. WILSON
1500 E. ATLANTIC BLVD, #C
POMPANO BEACH, FL 33060

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

Edward J. Wilson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4/29/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME EDWARD J. WILSON
STREET ADDRESS 1500 E. ATLANTIC BLVD, #C
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE VICE PRESIDENT
NAME YOLANDE BEGIN
STREET ADDRESS 1500 E. ATLANTIC BLVD, #C
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ST.
NAME JOHANNE H. PAULIE
STREET ADDRESS 1500 E ATLANTIC BLVD, #C
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

200002165052
-05/05/97--01013--031
***165.00

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 119.07(3)(b), 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 *Edward J. Wilson* EDWARD J. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

(954) 946-7412

Daytime Phone