


FILED

May 02 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # V58181 1. Corporation Name A ACCENT ON TRAVEL OFFICE INC. | | (1) | |
| Principal Place of Business 279 DOUGLAS AVE STE 1101 ALTAMONTE SPRINGS FL 32714 US | | Mailing Address 279 DOUGLAS AVE STE 1101 ALTAMONTE SPRINGS FL 32714-3324 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country 29 | |
| 9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> FINEMAN, MARSHA 421 RANGER BLVD. WINTER PARK FL 32792 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div> | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, 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) | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE FINEMAN, MARSHA 421 RANGER BLVD. WINTER PARK FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE WOLFE, MARGARET 772 BARGER DR. DELTONA FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE: <i>Margaret Wolfe</i> MARGARET A. WOLFE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CB2E034 (9/96)