

**PROFIT CORPORATION
ANNUAL REPORT
1995**

**James B. Marston
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 26 AM 8:17

DOCUMENT # V67171 (1)

1. Corporation Name

FANTASEE TRAVEL INTERNATIONAL, INC.

Principal Place of Business

**2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL 34655**

Mailing Address

**2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1992

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3140721

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**

7. This corporation has liability for intangible tax under s. 193.002,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**PERICH, BARBARA J.
2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL 34655**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**PERICH, BARBARA J.
2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**PERICH, LARRY M.
2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**WARCHOL, DANIEL
2020 SEVEN SPRINGS BLVD.
NEW PORT RICHEY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**ROSS, JOSEPH J.
202 SEVEN SPRINGS BLVD.
NEW PORT RICHEY 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95 8/3-372-1311

CR2E034 (3/95)