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FILED

Jan 30 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 # L93640 (5)

1. Corporation Name

REGAL TRAVEL SERVICES, INC.

Principal Place of Business

% 195 WEKIVA SPRINGS ROAD
SUITE 210
LONGWOOD FL 32779

Mailing Address

% 195 WEKIVA SPRINGS ROAD
SUITE 210
LONGWOOD FL 32779



3. Date Incorporated or Qualified

08/03/1990

3a. Date of Last Report

02/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2888051

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

HURSH, DEBRA
SUITE 210
195 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

MEIDL, PATRICIA

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 210

83

195 WEKIVA SPRINGS ROAD

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Patricia Meidl
Signature typed or printed name of registered agent and title if applicable

Patricia Meidl President

1/22/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME HURSH, DEBRA M.
STREET ADDRESS 734 BARRINGTON CIR
CITY-ST-ZIP WINTER SPRINGS FL

☒ DELETE

TITLE DVT
NAME HURSH, PHILIP J.
STREET ADDRESS 734 BARRINGTON CIR
CITY-ST-ZIP WINTER SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME MEIDL, PATRICIA
1.3 STREET ADDRESS 5316 Clubside Drive
1.4 CITY-ST-ZIP Longwood FL 32779

☒ Change ☐ Addition

2.1 TITLE VTD
2.2 NAME MEIDL, CLAUDE
2.3 STREET ADDRESS 5316 Clubside Drive
2.4 CITY-ST-ZIP Longwood FL 32779

☒ 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 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:

Patricia Meidl

1/22/97

407-862-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0515690

CR2E034 (9/96)