

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 503968 (0)

1. Corporation Name

LUCILLE'S TRAVEL BUREAU, INC.

Principal Place of Business

956 BEACHLAND BLVD
P O BOX 3483
VERO BCH FL 32964

Mailing Address

956 BEACHLAND BLVD
P O BOX 3483
VERO BCH FL 32964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1976

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1679182

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25

Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

GRZYBOWSKI, LAVERNE
956 BEACHLAND BLVD.
VERO BEACH FL 32963

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
GRZYBOWSKI, LAVERNE
684 E. GLADIOLUS DR.
BAREFOOT BAY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
GRZYBOWSKI, SHIRLEY L.
1314 W. HYACINTH CIR.
BAREFOOT BAY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCRIBNER, CONSTANCE L.
44083 QUET MEADOW RD
TEMECULA CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GRZYBOWSKI, SHIRLEY L.
1314 W. HYACINTH CIR.
BAREFOOT BAY 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 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: *Laverne Grzybowski* Laverne Grzybowski

4-20-95 407231-5320

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number