

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 503968 (0)**  
1. Corporation Name  
**LUCILLE'S TRAVEL BUREAU, INC.**



Principal Place of Business Mailing Address  
**956 BEACHLAND BLVD  
P O BOX 3483  
VERO BCH FL 32964**

3. Date Incorporated or Qualified **06/01/1976** 3a. Date of Last Report **04/25/1995**  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent on this application. (NOTE: Registered Agent signature required when recording.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRZYBOWSKI, LAVERNE	
STREET ADDRESS	684 E. GLADIOLUS DR.	
CITY - ST - ZIP	BAREFOOT BAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRZYBOWSKI, SHIRLEY L.	
STREET ADDRESS	1314 W. HYACINTH CIR.	
CITY - ST - ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRIBNER, CONSTANCE L	
STREET ADDRESS	44083 QUIET MEADOW RD	
CITY - ST - ZIP	TEMECULA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRZYBOWSKI, SHIRLEY L	
STREET ADDRESS	1314 W. HYACINTH CIR.	
CITY - ST - ZIP	BAREFOOT BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY - ST - ZIP:	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY - ST - ZIP:	

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)(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: *Laverne Grzybowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 409231-5320  
DATE OF FILING NUMBER

CR2E034 (12/95)