

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **M52568** (6)

1. Corporation Name  
**THE 10 BEST TRAVEL PUBLISHERS, INC.**

95 APR 21 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O JOHN K. SCHULTE**  
**3571 NORTH PROSPECT DR.**  
**MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

|                             |    |                    |    |              |    |              |    |              |    |
|-----------------------------|----|--------------------|----|--------------|----|--------------|----|--------------|----|
| 21                          | 22 | 23                 | 24 | 25           | 26 | 27           | 28 | 29           | 30 |
| Principal Place of Business |    | Mailing Address    |    | City & State |    | City & State |    | City & State |    |
| Subs. Apt. #, etc.          |    | Subs. Apt. #, etc. |    | City & State |    | City & State |    | City & State |    |
| Zip                         |    | Country            |    | Zip          |    | Country      |    | Zip          |    |

|                          |                                  |  |   |
|--------------------------|----------------------------------|--|---|
| 4. Fee Multiple          | 5. Certificate of Status Desired | 6. Election Campaign Financing Trust Fund Contribution | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |
| 05.0502100<br>05.0502100 | <input type="checkbox"/>         | <input type="checkbox"/>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
|                          | \$8.75 Additional Fee Required   | \$5.00 May Be Added to Fees                            |   |

9. Name and Address of Current Registered Agent

**SCHULTE, JOHN K.**  
**3571 NORTH PROSPECT DR.**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

|      |  |    |      |          |
|------|--|----|------|----------|
| 81   | 82   | 83 | 84   | 85       |
| Name | Street Address (P.O. Box Number is Not Acceptable) |    | City | Zip Code |
|      |  |    | FL   |          |

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 and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | SCHULTE, JOHN K.     |
| STREET ADDRESS | 3571 N. PROSPECT DR. |
| CITY-ST-ZIP    | MIAMI FL             |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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: John K. Schulte 4-17-95 (305) 856-1442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No. Phone #