

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 02 AM 10:15

DOCUMENT # P93000012268 (7)

1. Corporation Name
BARGAIN UNLIMITED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6454 INTERNATIONAL DR ORLANDO FL 32819
Mailing Address: 6454 INTERNATIONAL DR ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21		26		02/12/1993	05/01/1994
22		27		4. FEI Number	Applied For
23		28		APPLIED FOR 99-2936509	Not Applicable
24		29		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAALI, JESSE 6454 INTERNATIONAL DR ORLANDO FL 32819				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607 (4)(b) and 607 (15)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in this 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 (4)(b), Florida Statutes.

SIGNATURE: _____
(Signature of Registered Agent or Professional Officer representing the Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANANI, M S	2. NAME	
STREET ADDRESS	5208 CONCH CT	3. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32819	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAALI, JESSE	22. NAME	
STREET ADDRESS	9117 MIDPINES CT	23. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32809	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. The undersigned certifies that the information supplied with this filing is voluntarily furnished and that they are qualified for the nomination stated in law under 199 (15)(b) Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee represented to occur on this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if a change or an addition must be indicated.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortimer
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 10 1995

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012312 (3)**

HEMISPHERE TOUR & TRAVEL SOUTH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5728 MAJOR BLVD ORLANDO 32 819	5728 MAJOR BLVD ORLANDO 32 819

3. Date Incorporated or Qualified 02/18/1993	3a. Date of Last Report 08/04/1994
4. FEI Number 59-3171968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address: (P.O. Box Number is Not Acceptable)
B3. City
B4. State
B5. 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: _____

12. OFFICERS AND DIRECTORS

12.1 NAME	D WINOKUR, RICHARD I
12.2 STREET ADDRESS	5728 MAJOR BLVD
12.3 CITY, ST, ZIP	ORLANDO FL 32819
12.4 NAME	D BRAGLIA, FRANK J.
12.5 STREET ADDRESS	3363 W. COMMERCIAL BLVD., STE. 200
12.6 CITY, ST, ZIP	FT. LAUDERDALE FL
12.7 NAME	D BRAGLIA, RICHARD C.
12.8 STREET ADDRESS	3363 W. COMMERCIAL BLVD., STE. 200
12.9 CITY, ST, ZIP	FT. LAUDERDALE FL
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071, 119.081, Florida Statutes. I further certify that the information submitted 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 in person. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95 407.345.1373