

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S67274 (8)**

1. Corporation Name
TRAVEL ENTERPRISES, INC.



Principal Place of Business: **500 N MAITLAND AVE SUITE 200 MAITLAND FL 32751**
Mailing Address: **500 N MAITLAND AVE SUITE 200 MAITLAND FL 32751**

3. Date Incorporated or Qualified: **07/17/1991**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-3075342**
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. **20600 Chagrin Blvd.**
22. **#1100**
23. **Cleveland Ohio**
24. **44122** 25. **USA**
2a. Mailing Address:
26. **20600 Chagrin Blvd.**
27. **#1100**
28. **Cleveland, Ohio**
29. **44122** 30. **USA**

9. Name and Address of Current Registered Agent
**GARMON, DENNIS
3157 GREENWOOD ST
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent
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 607.0502 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

11.1 TITLE	D	<input type="checkbox"/> DELETE
11.2 NAME	GARMON, DENNIS	
11.3 STREET ADDRESS	3157 GREENWOOD ST WINTER PARK FL	
11.4 CITY-STATE-ZIP	D	<input type="checkbox"/> DELETE
11.5 TITLE	BARRETT, TRACEY L.	
11.6 NAME	969 VINE RIDGE RUN ALTAMONTE SPRINGS FL	
11.7 STREET ADDRESS	D	<input type="checkbox"/> DELETE
11.8 CITY-STATE-ZIP	GOTTLIEB, JOSHUA	
11.9 TITLE	20600 CHAGRIN BLVD #1100 CLEVELAND OH	
11.10 NAME	D	<input type="checkbox"/> DELETE
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE	<input type="checkbox"/> DELETE	
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		
11.17 TITLE	<input type="checkbox"/> DELETE	
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit on
12.2 NAME	
12.3 STREET ADDRESS	Winter Park, Fl 32792
12.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit on
2.2 NAME	
2.3 STREET ADDRESS	20600 Chagrin Blvd #1100 Cleveland, Ohio 44122
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit on
3.2 NAME	
3.3 STREET ADDRESS	Cleveland, Ohio, 44122
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption status in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Tracey Barrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 266 263 9901

CR2E034 (12/95)