

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S72917** (5)

1. Corporation Name

TROPICAL TRAVEL INC.



Principal Place of Business

**8736 WEST COMMERCIAL BOULEVARD
LAUDERHILL FL 33351**

Mailing Address

**8736 WEST COMMERCIAL BOULEVARD
LAUDERHILL FL 33351**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
08/13/1991

3a. Date of Last Report
04/04/1995

4. FEI Number

65-0277109

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN
8736 W. COMMERCIAL BLVD.
LAUDERHILL FL 33351**

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 607.1502, 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

Maureen McDonough

Signature of Current Registered Agent (if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	MCDONOUGH, MAUREEN	11420 NW 41 STREET	SUNRISE FL	☐
VPD	MCDONOUGH, MAUREEN	11420 NW 41 STREET	SUNRISE FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1				☐	☐	☐
1.2				☐	☐	☐
2.1				☐	☐	☐
2.2				☐	☐	☐
3.1				☐	☐	☐
3.2				☐	☐	☐
4.1				☐	☐	☐
4.2				☐	☐	☐
5.1				☐	☐	☐
5.2				☐	☐	☐
6.1				☐	☐	☐
6.2				☐	☐	☐
6.3				☐	☐	☐
6.4				☐	☐	☐

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: *Maureen McDonough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen McDonough 4/4/96 954-746-1034
Signature and Date

CR2E034 (12/95)