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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90558

(5)

TRAVEL EASE LTD., INC.

FILED
Apr 15 1997 8:00am
Secretary of State



Principal Pla	icc of Business	Mailing Add	dress				{	VIDEL REEL DIS	JI BIRDIN BIRBA	/IDII ID i i
3941 TAMIAM		3941 TAMIAN								
S-3117 PUNTA GORD	NA EL 020EA	8-3117 BUNTA GOD	DA FL 33950-71	070						
PUNTA GURU	IA FL 33930	PUNIA GON	PA FE 3380FF	970			3. Date Incorporated or Qualified 10/28/1991		of Last Re	eport
2. Principal	Piace of Business	2a. Mailing	Address				4. FEI Number		Ap	plied For
:1		26					65-0292016			t Applicabl
Suite, Ap	at #, etc	Suite, A	pt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Sta	ate	City & S	tate				6. Election Campaign Financing		\$5.00	May Be
3		28				**********	Trust Fund Contribution		Added t	
∠Z _i p Ti	Country	<i>Z</i> ip		Cou	intry		8. This corporation has liability for i			199.032,
1]	25	29		30			Florida Statutes 10. Name and Address of New Re	Yes [
	9. Name and Address of Curr	ent Registered Ag	em		81	Name	10. Name and Address of New Ne	Bistelen W	Jan	
	WEN, INGRID			-						
	41 TAMIAMI TRAIL				62	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
	B117			ŀ	83				,	
PU	NTA GORDA FL 33950									
				Ì	84	City		FL	85 Zip (Code
office or	nt to the provisions of Sections 607.0 r registered agent, or both, in the Sta Lam familiar with, and accept the ob	ate of Florida. Such	change was a	authorized	d by	the corporat	poration submits this statement for the plann's board of directors. I hereby acception's	orpose of control	hanging it intment as	s registere registered
agent. 1 BIGNATURE	•	ngarons or, becom	607.0303, FIC	JIIUA SIAI	เบเยร	•				
	5tg-aton. Typed or posted name of registered		(TCM)		d Ager	n signature requir	ed when reinstating)	DATE		
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. I do necessory certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Black 2 of Black 13 if changed, or on an attachmost with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

11191 991-631-11