FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000069989 (8) N/C 1.8.96

1. Corporation Name

~~T P OF SARASOTA, INC.~~
TRAVEL PLANNERS OF SARASOTA, INC.

Principal Place of Business
6624 GATEWAY AVE
SARASOTA FL 34231

Mailing Address
6624 GATEWAY AVE
SARASOTA FL 34231

3. Date Incorporated or Qualified: ~~09/07/1995~~ 010896
3a. Date of Last Report
4. FEI Number: 65-0607340 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 2813 PROCTOR RD.
Suite, Apt #, etc.
22 RIVERVIEW PLAZA
City & State
23 SARASOTA FL.
Zip
24 34231
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

9. Name and Address of Current Registered Agent

LEWIS, KURT F
6624 GATEWAY AVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: GAMILA S. IBRAHIM
82 Street Address (P.O. Box Number is Not Acceptable): 2813 PROCTOR RD.
83 RIVERVIEW PLAZA
84 City: SARASOTA FL
85 Zip Code: 34231

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 [signature] GAMILA S. IBRAHIM 4-16-96
Signature, typed or printed name of registered agent and title if applicable (If filing, Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEWIS KURT F. 6624 GATEWAY AVE SARASOTA FL. 34231	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT IBRAHIM M. IBRAHIM 2813 PROCTOR RD SARASOTA, FL. 34231	☐ Change ☑ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT GAMILA S. IBRAHIM 2813 PROCTOR RD SARASOTA FL. 34231	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001845942 -05/31/96--01041--036 ***200.00	Change ☐ Addition

5/1 12

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: [signature] GAMILA S. IBRAHIM 4-16-96 (941) 924-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)