

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 335197 (0)

1. Corporation Name

TRAVEL TOWNE PARKS OF AMERICA, INC.



Principal Place of Business

29850 US HWY 19 N
CLEARWATER FL 34621
US

Mailing Address

P O BOX 1097
CRYSTAL BEACH FL 34681-1097
US

2. Principal Place of Business

2a. Mailing Address

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State: April 1996

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State: April 1996

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City & State

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City & State

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Zip Country

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Zip Country

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9. Name and Address of Current Registered Agent

SMITH, MICHAEL
11875 CEDAR STREET
P.O. BOX 1909
DUNNELLON FL 34430

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 607.01(2)(b) and 607.11(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, principal place of business, 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 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer/Director

Signature of Registered Agent or Officer/Director

DATE

12. OFFICERS AND DIRECTORS

NAME
TITLE
STREET ADDRESS
CITY, STATE, ZIP
NAME
TITLE
STREET ADDRESS
CITY, STATE, ZIP
NAME
TITLE
STREET ADDRESS
CITY, STATE, ZIP
NAME
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CITY, STATE, ZIP
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STREET ADDRESS
CITY, STATE, ZIP
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STREET ADDRESS
CITY, STATE, ZIP

PSD
GORDON, MARDEN S
P O BOX 1097 N/A
CRYSTAL BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME
1. STREET ADDRESS
1. CITY, STATE, ZIP
2. NAME
2. STREET ADDRESS
2. CITY, STATE, ZIP
3. NAME
3. STREET ADDRESS
3. CITY, STATE, ZIP
4. NAME
4. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
5. STREET ADDRESS
5. CITY, STATE, ZIP
6. NAME
6. STREET ADDRESS
6. CITY, STATE, ZIP

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14. I 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 registered 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 newly attached to an address.

SIGNATURE: *Marden S. Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARDEN S. GORDON, PRESIDENT

02/26/96 (813) 787-1349

DATE

CR2E034 (12/95)