

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 1:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 505362

(4)

1. Corporation Name

T.L.C. TRAVEL, INC.

Principal Place of Business

**1507 N STATE ROAD 7
MARGATE FL 33068-4003**

Mailing Address

**1507 N STATE ROAD 7
MARGATE FL 33068-4003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1976

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

21 1507 N STATE RD 7

2a. Mailing Address

26 1507 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MARGATE FL

City & State

28 MARGATE FL

24 33063

Country

25 USA

29 33063

Country

30 USA

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

**PALMER, SALLY
450 N.W. 47TH AV.
DEERFIELD FL 33442**

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(None. Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
PALMER, SALLY L.
450 NW 47 AVE
DEERFIELD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TS
PALMER, MELISSA
450 NW 47 AVE
DEERFIELD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP
PALMER, TIM
450 NW 47TH AVENUE
DEERFIELD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Sally L. Palmer (Sally L. Palmer) Pres

4/12/95

305-971-7800

Typed and printed name of signing officer or director

Date

Telephone Number