

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000698 (2)**

1. Corporation Name:
THE TRAVEL SHOPPE



Principal Place of Business

**44 HUNTERS POINTE
PITTSFORD NY 14534
US**

Mailing Address

**44 HUNTERS POINTE
PITTSFORD NY 14534
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
04/21/1995

4. FEI Number
16-1334761

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

9. Name and Address of Current Registered Agent

**ROTH, ROBERT
2425 MANATEE AVE. WEST
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ROTH, GARY B	
STREET ADDRESS	44 HUNTERS POINTE	
CITY-STATE-ZIP	PITTSFORD NY 14534	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	KOSOFF-ROTH, KAREN	
STREET ADDRESS	44 HUNTERS POINTE	
CITY-STATE-ZIP	PITTSFORD NY 14534	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME	
6 STREET ADDRESS	
7 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8 NAME	
9 STREET ADDRESS	
10 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
12 STREET ADDRESS	
13 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
18 STREET ADDRESS	
19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attached exhibit, an address.

SIGNATURE:

GARY B ROTH **GARY B ROTH** President 3-8-96 716-223-1570
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date State Phone #

CR2E034 (12/95)