SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -5 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95689** **(8)**

1. Corporation Name
TRAVEL PARTNER, INC.

Principal Place of Business	Mailing Address
8600-D ST RD 84 FT LAUDERDALE FL 33324	8600-D ST RD 84 FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1982
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2237455 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*BUCHOLTZ, TRUDY
8600-D ST RD 84
FT LAUDERDALE, FL
33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BUCHOLTZ BERNARD	12 NAME	200001530822
STREET ADDRESS	1100 CRYSTAL LAKE DR	13 STREET ADDRESS	-07/06/95--01049--024
CITY-ST-ZIP	POMPANO BCH, FL 00000	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, HERBERT R	22 NAME	200001530822
STREET ADDRESS	8600 STATE ROAD 84	23 STREET ADDRESS	-07/06/95--01049--025
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	24 CITY-ST-ZIP	******8.75 ******0.75
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	BUCHOLTZ, TRUDY	32 NAME	
STREET ADDRESS	1709 WHITEHALL DR., A. 406	33 STREET ADDRESS	
CITY-ST-ZIP	PINE ISL RID, FL 00000	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

CR2E034 (3/95)

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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Trudy Bucholtz 6/4/95 (305) 472-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TRUDY BUCHOLTZ / PRESIDENT

0077640 CF