

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:33

DOCUMENT # G23437 (8)

1. Corporation Name
TRAVEL CONSULTANTS OF ORLANDO, INC.

Principal Place of Business Mailing Address
% HARRY D BULL **% HARRY D BULL**
634 VIRGINIA DR. **634 VIRGINIA DR.**
ORLANDO FL 32803 **ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/09/1983** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2261943** 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

2. Principal Place of Business 2a. Mailing Address
 21 **634 Virginia Dr.** 26 **634 Virginia Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 _____ 27 _____
 City & State City & State
 23 **Orlando Fl 32803** 28 **Orlando Fl 32803**
 Zip County Zip County
 24 **32803** 25 **Orange** 29 **32803** 30 **Orange**

9. Name and Address of Current Registered Agent
BULL, DEAN
634 VIRGINIA DR.
ORLANDO FL 32803

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 *Harry Dean Bull, Jr. President* DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	BULL, NITA
STREET ADDRESS	634 VIRGINIA DR.
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	DP
NAME	BULL, DEAN
STREET ADDRESS	634 VIRGINIA DR.
CITY - ST - ZIP	ORLANDO 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

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nita Bull* **1-9-95 (401) 970-3805**
Signature and typed or printed name of signing officer or director Date (Optional Name #)