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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G52889 (4)

1. Corporation Name

TRAVEL SUPERMARKETS LTD., INC.

Principal Place of Business

Mailing Address

11440 OKEECHOBEE BLVD
SUITE 202
ROYAL PALM BEACH FL 33411

11440 OKEECHOBEE BLVD
SUITE 202
ROYAL PALM BEACH FL 33411



2. Principal Place of Business

2a. Mailing Address

21 13860-12 Wellington Tr.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 504

27

City & State

City & State

23 Wellington, FL

28

Zip

Country

Zip

Country

24 33414

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINSON, WAYNE D.
11440 OKEECHOBEE BLVD
SUITE 202
ROYAL PALM BEACH FL 33411

81 Name

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

13860-12 Wellington Tr. Suite 504

83

84 City

Wellington

FL

85 Zip Code

33414

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME WILKINSON, WAYNE
STREET ADDRESS 11440 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ST ☐ DELETE

NAME KELLEY, LAURIE
STREET ADDRESS 11440 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE P ☐ DELETE

NAME KELLEY, DAVID
STREET ADDRESS 11440 OKEECHOBEE BLVD SUITE 202
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Laurie Kelley Laurie Kelley 4-17-96 966-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)