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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G52889 (4) TRAVEL SUPERMARKETS LTD., INC.					1 (88)(H) 818) 81(H) (188) 181(H)	D) (8 1814 8181) 8481) 8181) 8181) 81814 81817 8481) 1881
Principal Place of Business 11440 OKEECHOBEE BLVD SUITE 202 ROYAL PALM BEACH FL 33411		Mailing Address 11440 OKEECHOBEE BLVD				
					3. Date Incorporated or Qualified	
	lace of Business		2a. Mailing Address		08/04/1983 4. FEI Number	01/19/1995 Applied For
	<u>0-12Wellir</u>	igton 11.	26 Same		59-2309228	Not Applicable
Suite, Apt.		04	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	е	<u> </u>	City & State		6. Election Campaign Financing	, co noquio
3 Welli	ngton, P		28		Trust Fund Contribution	S5.00 May Be Added to Fees
a 3334	Count	try	Zip	Country	8. This corporation has liability for	or intangible tax under s 199.032,
4 333	9. Name and Addr	ress of Current I	29 Segistered Asset	30	Florida Statutes 🔣 Yi	es 🔲 No
		oos or ourrent i	registered Agent	81 Name	10. Name and Address of New	Registered Agent
WILKINS	SON, WAYNE D.					
	OKEECHOBEE BLVD			82 Street Add	dress (P.O. Box Number is Not Accept, 0 - 12 Wellington	Tr. Suche 504
SUITE 2	202			83	D-12 waringson	11. 30CR 304
ROYAL	Palm Beach FL 33	411		84 City		
44 5		- 		1 1 1.0	Minaton	FL 85 Zp Code lu
11, Pursuanti	to the provisions of Sect	tions 607.0502 ar	nd 607.1508, Florida Stat			urnoon of changing its assistant if
or register	red agent, or both, in the	e State of Florida.	Such change was author	rized by the corporation's hos	pration submits this statement for the part of directors. I become	urpose or crianging its registered office
familiar wi	red agent, or both, in the th, and accept the oblig	e State of Florida. lations of, Section	Such change was autho 607.0505, Florida Statut	rized by the corporation's boars.	oration submits this statement for the p and of directors. I hereby accept the ap	pointment as registered agent. I am
familiar wi SIGNATURE	th, and accept the oblig	ations of, Section	607.0505, Florida Statut	es.	ard or directors. I hereby accept the ap	pointment as registered agent. I am
familiar wi SIGNATURE _	th, and accept the oblig Signature, typed or printed name	ations of, Section	607.0505, Florida Statut title if applicable. (DIRECTORS	rized by the corporation's box es. NOTE: Registered Agent signature require	ed when reinstating	pointment as registered agent. I am
familiar wi SIGNATURE _ 12.	th, and accept the oblig	ations of, Section of registered agent and OFFICERS AND D	607.0505, Florida Statut	es. NOTE: Registered Agent signature require	ed when reinstating	pointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-17-96 QUIG-989