FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt #, etc.

City & State

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52889

TRAVEL SUPERMARKETS LTD., INC.

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED May 05 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/23/1996

X

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

08/04/1983

4. FEI Number 59-2309228

Principal Place of Business	Mailing Address	
13860-12 WELLINGTON TR.	13860-12 WELLINGTON TR SUITE 504	
WELLINGTON FL 33414	WELLINTON FL 33414	

23			28					Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Cou	ntry		This corporation has liability for intangible tax under s. 199.032.			
24	2	5	29		30			Floride Statutes Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
WILKINSON, WAYNE D.					į	81	Name	•			
13860-12 WELLINGTON TR.					ł	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 504				1	on other reduced (
WELLINGTON FL 33414					63						
,					Ì	84	City	85 Zip Code			
					j	"	City	FL Soos			
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 registre											
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, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.			AND DIRECTORS		13.	(403)		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V		-:	DELETE	1.1 TO	ILE.		Change Addition			
NAME	WILKINSON	. WAYNE			1.2 NA	ME	}				
STREET ADDRESS		ECHOBEE BLVD			1.3 ST	REET	ADDRESS	13860-12 Wellington Tracce # DY			
CITY-ST-7IP		M BEACH FL			1.4 CI			Welling ton, FC 33414 Change Addition			
TITLE	ST			DELETE	2.1 TP			Change Addition			
NAME	KELLEY, LA	URIE			2.2 N/	ME	1	1			
STREET ADDRESS		ECHOBEE BLVD			2.3 ST	REET	ADDRESS	13860-12 Wellington Trace # 504			
CHY-ST-ZIP		M BEACH FL			2.40	ITY-S	T-ZIP	archimeter FL 33414			
TITLE	P			DELETE	3.1 10	I.E		ucllington, FL 33414 Change Addition			
NAME	KELLEY, DA	MD			3.2 N	ME					
STREET ADDRESS	11440 OKE	ECHOBEE BLVD	SUITE=202		3.3 ST	HEET.	address	13800-12 Wellington Thace #-54			
CiTY-ST-ZIP	ROYAL PAL	M-DEACH FL			3.4. C	11Y-\$	T-ZIP	13800-12 wellington Flace of SUI Wellington, FL 33414			
TITLE				DELETE	4,1 10	L.E		Change Addition			
NAME	1				4.2 N	AME	i				
STREET ADDRESS					4.3 ST	REET	address				
C/TY - ST - ZiP					4.4 CI	1Y-\$1	- ZIP				
TITLE				DELETE	5.1 T)	TLE		. Change Addition			
NAMi	Į				5.2 N/	ME					
STREET ADDRESS	}				5.3 \$1	REET	address				
C/TY - ST - ZIP		····			5.4 CI	1Y-S1	r- ZIP				
TITLE	,			DELETE	6.1 Ti	TLE.		☐ Change ☐ Addition			
NAME					6.2 N/	ME					
STREET ADDRESS					6.3 S1	REET.	address				
CITY - ST - ZIP					6.4 CI						
14. I do herel	by certify that	the information supp	olied with this tilin or supplemental	g does not quali	fy for the	exer	nption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the id that my signature shall have the same legal effect as if made under oath; that			
l am an o	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										