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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36572 (6)

1. Corporation Name
A TIME TO TRAVEL THE WORLD, INC.

Principal Place of Business
7512 DR PHILLIPS BLVD
ORLANDO FL 32819
US

Mailing Address
7512 DR PHILLIPS BLVD
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2477897 ☐ 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

9. Name and Address of Current Registered Agent

MARCHENA, MARCOS R
233 SOUTH SEMORAN BLVD
ORLANDO FL 32807

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWNHAM, LUCILE J.	1.2 NAME	
STREET ADDRESS	2090 MOHICAN TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	1.4 CITY, ST, ZIP	Maitland FL 32751
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOYLE, DEBORAH	2.2 NAME	
STREET ADDRESS	2020 FLAMING ARROW CRT	2.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL	2.4 CITY, ST, ZIP	Casselberry FL 32730-3130
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KISER, DAVID	3.2 NAME	
STREET ADDRESS	4688 HALL ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	3.4 CITY, ST, ZIP	Orlando FL 32817-1202
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	KISER, BARBARA	4.2 NAME	
STREET ADDRESS	4688 HALL ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4.4 CITY, ST, ZIP	Orlando FL 32817-1202
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWNHAM, DONALD F.	5.2 NAME	
STREET ADDRESS	2090 MONHICAN TRAIL	5.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	5.4 CITY, ST, ZIP	Maitland FL 32751
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOYLE, DANIEL	6.2 NAME	
STREET ADDRESS	2020 FLAMINA ARROW CRT	6.3 STREET ADDRESS	2020 Flaming Arrow Crt
CITY, ST, ZIP	CASSELBERRY FL	6.4 CITY, ST, ZIP	Casselberry FL 32730-3130

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: Barbara Kiser Secretary Barbara Kiser 5-1-95 407-345-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061109 CP