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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H62583 (0)

1. Corporation Name
T.A.S. TRAVEL, INC.

Principal Place of Business	Mailing Address
% SHERRY P. CENTER 2305 OLEANDER BLVD..STE.3 FT PIERCE FL 34982	% SHERRY P. CENTER 2305 OLEANDER BLVD..STE.3 FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2536015 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CENTER, SHERRY P.
2305 OLEANDER BLVD. STE. #3
FT PIERCE FL 34982

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: ROSE M. WEISENBACHER, President — Sherry P. Center — 4-18-95
(Signature, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	PRESIDENT (P)	☑ Change ☐ Addition
NAME	CENTER, SHERRY P.	12 NAME	ROSE M. WEISENBACHER	
STREET ADDRESS	904 S. 11TH ST	13 STREET ADDRESS	5061 N. AIA - 504 A	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	DP	21 TITLE	VICE-PRESIDENT (V)	☑ Change ☐ Addition
NAME	KNOWLES, M. ANN	22 NAME	BOBBIE TOPPER	
STREET ADDRESS	3540 SEMINOLE RD.	23 STREET ADDRESS	5061 N. AIA - 504 A	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	DST	31 TITLE	↑ (These are the only officers)	☐ Change ☐ Addition
NAME	CENTER, BRUCE	32 NAME		
STREET ADDRESS	904 S.11TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the 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: Rose M. Weisenbacher — 4-15-95 — (407) 461-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

037H08 CP