FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H62583** **(0)**

1. Corporation Name

T.A.S. TRAVEL, INC.

Principal Place of Business

~~% SHERRY P. CENTER~~
2305 OLEANDER BLVD..STE.3
FT PIERCE FL 34982

Mailing Address

~~% SHERRY P. CENTER~~
2305 OLEANDER BLVD..STE.3
FT PIERCE FL 34982

3. Date Incorporated or Qualified: **06/18/1985**

3a. Date of Last Report: **05/01/1995**

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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: LLOYD, VINCENT A.
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. SECOND STREET
83
84 City: FORT PIERCE FL 85 Zip Code: 34948

11. Pursuant to the provisions of Sections 607.0505 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: Vincent A. Lloyd Pres DATE: 4/02/96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	WEISENBACHER, ROSE M	
STREET ADDRESS	5061 N A1A - 504A	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VP	☒ DELETE
NAME	TOPPER, BOBBIE	
STREET ADDRESS	5061 N A1A - 504A	
CITY-ST-ZIP	FT. PIERCE 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	LLOYD, VINCENT A.	
1.3 STREET ADDRESS	201 S. SECOND STREET	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34948	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	LIENHARD, RITA	
2.3 STREET ADDRESS	5801 MYRTLE DRIVE	
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and that I am authorized to execute this report as required by Chapter 607, 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 business organized 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 attached sheet, with an address.

SIGNATURE: Vincent A. Lloyd Pres. 4/02/96 407-464-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #