

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H96712 (5)

1. Corporation Name

TRIPS'N TRAVELS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 9: 26

Principal Place of Business

**1024 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

Mailing Address

**1024 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/30/1986	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2630233	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		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLUM, ETHEL 1024 KANE CONCOURSE BAY HARBOR ISLAND FL 33154		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLUM, ETHEL	1.2 NAME	
STREET ADDRESS	1024 KANE CONCOURSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	BLUM, ROGER	2.2 NAME	
STREET ADDRESS	1024 KANE CONCOURSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BLUM, CAROL	3.2 NAME	
STREET ADDRESS	1024 KANE CONCOURSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: Ethel Blum
DATE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR