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 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60008 (5)

1. Corporation Name
SEEFELT, INC.

Principal Place of Business:
634 SAUSALITO BOULEVARD
CASSELBERRY FL 32707
US

Mailing Address:
634 SAUSALITO BOULEVARD
CASSELBERRY FL 32707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 08/23/1994

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

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

4. FEI Number: 59-2932003 — 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 qualified for exemption from tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SEEFELT, JUDITH A.
634 SAUSALITO BLVD.
CASSELBERRY FL 32707

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 [signature] Date

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SEEFELT, JUDITH A.
STREET ADDRESS	634 SAUSALITO BLVD.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	V
NAME	SEEFELT, DENNIS
STREET ADDRESS	634 SAUSALITO BLVD.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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 the 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: [signature] JUDITH A. Seefelt 4/25/95 407 2606938

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

0037245 CP

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CORPORATION ANNUAL REPORT 1995

5-1-95 63-0054 Department of State

APPROVED AND FILED

DOCUMENT # K61197 (5)

1. TRAVEL TRADE MARKETING, INC.

Principal Address	Mailing Address
757 SE 17TH ST SUITE 338 FT. LAUDERDALE FL 33316	757 SE 17TH ST SUITE 338 FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/18/1989

3a. Date of Last Report: 04/22/1994

2. Principal Address — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City — 23

City & State — 28

24 25 29 30

4. FEI Number: 65-0095055 — 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. The corporation has subscribed to engage in business in Florida: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROMAN, ROGER PAUL
4100 GALT OCEAN DRIVE
SUITE 1603
FT. LAUDERDALE FL 33308

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 Section 607.0502 and 607.1508 Florida Statutes, the undersigned 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.

12. OFFICERS AND/OR DIRECTORS

D
ROMAN, ROGER PAUL
4100 GALT OCEAN DR #1603
FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (if any)

☐ Change ☐ Addition

14. To the best of my knowledge, the information contained herein is true and accurate. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I understand that my typed name and signature below 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; and that my name appears in Block 12 or Block 13 with an asterisk.

SIGNATURE: [signature] 4/26/95 305-525-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0225612 CP