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 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28045** **(7)**

1. Corporation Name
THE TRAVEL EXCHANGE SOUTH, INC.

Principal Place of Business	Mailing Address
C/O LORI C. YOUNG 6726 NORTH UNIVERSITY DR. TAMARAC FL 33321	C/O LORI C. YOUNG 6726 NORTH UNIVERSITY DR. TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/03/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 6716 N. University Dr
22 Suite, Apt. #, etc.:
23 City & State: Tamarac FL
24 Zip: 33321
25 County: USA

2a. Mailing Address
26: 6716 N. University Dr
27 Suite, Apt. #, etc.:
28 City & State: Tamarac
29 Zip: 33321
30 County: USA

4. FEI Number: **65-0154451** ☐ 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

YOUNG, LORI C.
6726 NORTH UNIVERSITY DR.
TAMARAC FL 33321

Same person name change due to Marriage

10. Name and Address of New Registered Agent

81 Name: Lori C. Glickman
82 Street Address (P.O. Box Number is Not Acceptable): 6716 North University Dr
83
84 City: Tamarac FL 85 Zip Code: 33321

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, typed 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	DV	11 TITLE	DV	☑ Change ☐ Addition
NAME	YOUNG, LORI C.	12 NAME	Lori C. Glickman	
STREET ADDRESS	6726 N. UNIVERSITY DR.	13 STREET ADDRESS	6716 N. University Dr	
CITY ST ZIP	TAMARAC FL	14 CITY ST ZIP	Tamarac FL 33321	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	FELDMAN, RICHARD S.	22 NAME	FELDMAN / RICHARD S	
STREET ADDRESS	25 CHAMBERSBRIDGE RD.	23 STREET ADDRESS	1320 RT 88	
CITY ST ZIP	LAKEWOOD, NJ.	24 CITY ST ZIP	LAKEWOOD NJ 08701	
TITLE	ST	31 TITLE	ST	☑ Change ☐ Addition
NAME	FELDMAN, MICHAEL S.	32 NAME	MICHAEL FELDMAN	
STREET ADDRESS	25 CHAMBERSBRIDGE RD.	33 STREET ADDRESS	1320 RT 88	
CITY ST ZIP	LAKEWOOD, NJ.	34 CITY ST ZIP	LAKEWOOD NJ 08701	
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 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: Lori C Glickman 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone Number: 305 721 9595

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