

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 # **L28045** (7)

1. Corporation Name

THE TRAVEL EXCHANGE SOUTH, INC.



Principal Place of Business

6716 UNIVERSITY DRIVE
6726 NORTH UNIVERSITY DR.
TAMARAC FL 33321
US

Mailing Address

6716 N UNIVERSITY DRIVE
6726 NORTH UNIVERSITY DR.
TAMARAC FL 33321
US

3. Date Incorporated or Qualified
11/03/1989

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

GLICKMAN, LORI C
6716 N UNIVERSITY DRIVE
TAMARAC FL 33321

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 607.005, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title, if applicable

Lori C Glickman, pres.
(NOTE: Registered Agent signature required when reinstating)

4/29/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **GLICKMAN, LORI C**
STREET ADDRESS **6716 N UNIVERSITY DRIVE**
CITY-ST-ZIP **TAMARAC FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Glickman, Lori C**
1.3 STREET ADDRESS **6716 N. University Dr**
1.4 CITY-ST-ZIP **Tamarac FL 33321**

TITLE **D** ☒ DELETE
NAME **FELDMAN, RICHARD S.**
STREET ADDRESS **1320 RT 88**
CITY-ST-ZIP **LAKEWOOD NJ**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Nally, Chuck**
2.3 STREET ADDRESS **6716 N. University Dr**
2.4 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **ST** ☒ DELETE
NAME **FELDMAN, MICHAEL S.**
STREET ADDRESS **1320 RT 88**
CITY-ST-ZIP **LAKEWOOD, NJ.**

3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Scannavino, Frank**
3.3 STREET ADDRESS **6716 N. University Dr**
3.4 CITY-ST-ZIP **Tamarac FL 33321**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori C Glickman

4/29/96
Date

954-721-9590
Daytime Phone #

CR2E034 (12/95)