FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
Jun 11 1997 8:00am
Secretary of State

				 		
DOCU 1. Corporation	MENT # L&475	5 3				
TR	avel Convec	tions The	los. Ulm	. .		
Principal Plac	ce of Business	Mailing Address				
2090	Aloma Are.	3090 A1	oma Are			
Ste 125 54 125						
	in PARK, F1. 3279:	Winte	R PARK, FI	3. Date incorporated or Qualified 3a.	Date of Last Repor	rl
	Place of Business	2a. Mailing Address	33793	04-09-1990 4. FEI Number	Applie	d For
21		26		593002545	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
City & Ster	te	City & State		6. Election Campaign Financing	Fee Requir \$5.00 May	
23	··	28		Trust Fund Contribution	_Added to Fe	
Zip-	Country	Zıp	Country	8. This corporation has liability for intang		9.032,
24	9. Name and Address of Curren		30	Florida Statutes Yes 10. Name and Address of New Register	No No	
			81 Name	is italia and italians of the management	PO SERVICE	
	Hilda Curry 3090 Aloma A	(82 Street Add	ress (P.O. Box Number is Not Acceptable)		
. '	3090 ALOMA F	tre. Stelzs	83			
•	Winter PARK	. [-]	83			
		イスイプム	B4 City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its rec	gistered
agent.	an lamiliar with, and accept the Julya	itions of, Section 607.0505, Flor	rida Statutes.	anion's board of directors. Thereby accept the	appointment as regi	siereo
SIGNATURE	Signature, yped or printed name of registered ager	Wy 1005	Registered Agent signature requ	ired when reinstation) DAT	17	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	·	1 12
TITLE		☐ DELETE	1.1 TITLE		Change	Addilion S
NAME	HILDA CHURY 3090 Aloma AVE	Cla 12000	1.2 NAME] }
STREET ADDRESS	Winter PARK, FI	316162	1.3 STREET ADDRESS 1.4 City-St-Zip			ָנֻ נַ
CITY-ST-ZIP TITLE	3.	☐ DELETE	21 TITLE		Change	Addition
NAME	Ness Curry	c./	2.2 NAME			
STREET ADDRESS	Ness Curry 3090 Aloma Are	310/25	2.3 STREET ADDRESS			
CITY-ST-ZIP	Winter Pack, 1	57.33792 □ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
TITLE NAME			3.2 NAME			1 VOOIIION
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	41 TITLE		Change	Addition
NAME			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	- Marie - North Control		Addilion
NAME			5.2 NAME	900002212 -06/16/9701019	429	1
STREET ADDRESS			5.3 STREET ADDRESS	-U6/16/97U1019-	026	
CITY-ST-ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	***165.80	Change	Addition
TITLE NAME			6.2 NAME			·
STREET ADDRESS			6.3 STREET ADDRESS		05 £/1	1/97
CITY-ST-ZIP			6.4 CITY - ST - ZIP			′/′′
44		College Colleg	7 No	d in Contino 440 07/01(i) Elevide Ctabulas 1 f. is	there a setifications along	

I. I do hereby certify that the information supplied with this filing 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 curporation or the repeiver 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 open attachment with an address.

SIGNATURE: HAND TYPED OR PRINTED NUME OF FICER OR DIRECTOR

5/1/97

9076795499