

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L68281 (9)

1. Corporation Name

TRAVEL HOT LINE INC.



Principal Place of Business

Mailing Address

9430 N.W. 21 MANOR
SUNRISE FL 33322
US

9430 N.W. 21 MANOR
SUNRISE FL 33322
US

2. Principal Place of Business

21 1024 N.W. 47th ST.

Suite, Apt #, etc

22 SUITE 18

City & State

23 SUNRISE, FL

Zip

24 33322

Country

25 USA

2a. Mailing Address

26 10242 N.W. 47th ST

Suite, Apt #, etc

27 SUITE 18

City & State

28 SUNRISE, FL

Zip

29 33322

Country

30 USA

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0220474

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

SOLOMON, CINDI J
9430 N.W. 21ST MANOR
SUNRISE FL 33322

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 type: J = principal place of registered agent as listed; A = applicable

(If "A" Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SOLOMON, CINDI J.
STREET ADDRESS 9430 N.W. 21ST MANOR
CITY - ST - ZIP SUNRISE FL 33322

☐ DELETE

TITLE VP
NAME SOLOMON, LAWRENCE P.
STREET ADDRESS 9430 N.W. 21ST MANOR
CITY - ST - ZIP SUNRISE FL 33322

☐ DELETE

TITLE
NAME
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CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96 934-572-9742

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CR2E034 (3/96)