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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 AM 8:47

DOCUMENT # **M75970** **(7)**

1. Corporation Name
TRAVEL N LUXURY CORPORATION

Principal Place of Business	Mailing Address
% HIRAM G. ALLIGOOD 8401 BANYAN BLVD. ORLANDO FL 32819	% HIRAM G. ALLIGOOD 8401 BANYAN BLVD. ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1988**
3a. Date of Last Report: **06/16/1994**

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

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

4. FEI Number: **59-2888233** ☐ 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

7. This corporation has liability for intangible tax under S. 199.07, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLIGOOD, HIRAM G. 8401 BANYAN BLVD. ORLANDO FL 32819	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 607.1908, 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) (Date) (If not Registered Agent, signature required above)) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	71 TITLE ☐ Change ☐ Addition
NAME	ALLIGOOD, HIRAM G.	72 NAME
STREET ADDRESS	8401 BANYAN BLVD.	73 STREET ADDRESS
CITY ST ZIP	ORLANDO FL	74 CITY ST ZIP
TITLE	D	71 TITLE ☐ Change ☐ Addition
NAME	SZASZ, RONNIE F	72 NAME
STREET ADDRESS	985 SUMMER LAKES DR.	73 STREET ADDRESS
CITY ST ZIP	ORLANDO FL 32835	74 CITY ST ZIP
TITLE	DVS	71 TITLE ☐ Change ☐ Addition
NAME	SZASZ, BARBARA A	72 NAME
STREET ADDRESS	985 SUMMER LAKES DR.	73 STREET ADDRESS
CITY ST ZIP	ORLANDO FL 32835	74 CITY ST ZIP
TITLE		71 TITLE ☐ Change ☐ Addition
NAME		72 NAME
STREET ADDRESS		73 STREET ADDRESS
CITY ST ZIP		74 CITY ST ZIP
TITLE		71 TITLE ☐ Change ☐ Addition
NAME		72 NAME
STREET ADDRESS		73 STREET ADDRESS
CITY ST ZIP		74 CITY ST ZIP
TITLE		71 TITLE ☐ Change ☐ Addition
NAME		72 NAME
STREET ADDRESS		73 STREET ADDRESS
CITY ST ZIP		74 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: Hiram G. Alligood 1/11/95 407-363-0548
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)
Hiram G. Alligood

0001839 CP