

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 # M75970 (7)

1. Corporation Name

TRAVEL N LUXURY CORPORATION

Principal Place of Business

% HIRAM G. ALLIGOOD  
8401 BANYAN BLVD.  
ORLANDO FL 32819

Mailing Address

% HIRAM G. ALLIGOOD  
8401 BANYAN BLVD.  
ORLANDO FL 32819



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country 26 Zip 27 Country

28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ALLIGOOD, HIRAM G.  
8401 BANYAN BLVD.  
ORLANDO FL 32819

3. Date Incorporated or Qualified  
04/11/1988

3a. Date of Last Report  
01/18/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALLIGOOD, HIRAM G.  
STREET ADDRESS 8401 BANYAN BLVD.  
CITY-ST-ZIP ORLANDO FL  
☐ DELETE

TITLE D  
NAME SZASZ, RONNIE F  
STREET ADDRESS 985 SUMMER LAKES DR.  
CITY-ST-ZIP ORLANDO FL 32835  
☒ DELETE

TITLE DVS  
NAME SZASZ, BARBARA A  
STREET ADDRESS 985 SUMMER LAKES DR.  
CITY-ST-ZIP ORLANDO FL 32835  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Hiram G. Alligood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

407-363-0548

Daytime Phone #

CR2E034 (12/95)