FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N36987 (8)

1. Corporation Name

TRAVEL AGENTS COLLATERAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12730 NEW BRITTANY BLVD. SUITE 304 FT. MYERS FL 33907 US	12730 NEW BRITTANY BLVD. STE. 304 FT. MYERS FL 33907 US

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

3. Date Incorporated or Qualified: 03/08/1990

3a. Date of Last Report: 01/23/1995

4. FEI Number: 65-0178921 ☐ 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

PANKOW, JACK P.
~~1500 COLONIAL BLVD.~~
~~SUITE 223~~
FT. ~~MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 13180 North Cleveland AVE. #237
83 ~~N. Ft. Myers, FL 33903~~
84 City N. Ft. Myers, FL. FL 85 Zip Code 33903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HYDE, ROBERT J.	
STREET ADDRESS	12730 NEW BRITTANY BLVD., STE. 304	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	☐ DELETE
NAME	PANKOW, JACK P.	
STREET ADDRESS	~~1500 COLONIAL BLVD., STE. 223~~	
CITY-ST-ZIP	~~FT. MYERS FL~~	
TITLE	VD	☑ DELETE
NAME	BROWNING, ART	
STREET ADDRESS	22709 VICTORY BLVD.	
CITY-ST-ZIP	CANOGA PARK CA 91307	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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	13180 N. Cleveland AVE. #237	
2.4 CITY-ST-ZIP	N. Ft. Myers, FL. 33903	
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 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] 1-18-96 (941) 939-7303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)