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 # **P92000003804 (1)**

1. Corporation Name

A TRI-STAR TRAVEL GROUP, INC.

Principal Place of Business

~~400 S. ATLANTIC AVE.~~
~~SUITE 112~~
~~ORMOND BEACH FL 32176~~

Mailing Address

~~400 S. ATLANTIC AVE.~~
~~SUITE 112~~
~~ORMOND BEACH FL 32176~~

2. Principal Place of Business
21 302 DUNLAWTON AVE
Suite, Apt. #, etc.
22
City & State
23 PORT ORANGE FL
Zip 24 32127 Country 25 USA

2a. Mailing Address
26 302 DUNLAWTON AVE
Suite, Apt. #, etc.
27
City & State
28 PORT ORANGE FL
Zip 29 32127 Country 30 USA

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-3149064 — 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 filed for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEY, ANNE F
~~400 S. ATLANTIC AVE.~~
~~SUITE 112~~
~~ORMOND BEACH FL 32176~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 302 DUNLAWTON AVE.
83
84 City PORT ORANGE FL 85 Zip Code 32127

11. Pursuant to the provisions of Sections 607.0505 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HEY, ANNE F	1.2 NAME	
STREET ADDRESS	~~400 S. ATLANTIC AVE., SUITE 112~~	1.3 STREET ADDRESS	302 Dunlawton Ave.
CITY-ST-ZIP	~~ORMOND BEACH FL 32176~~	1.4 CITY-ST-ZIP	Port Orange 32127
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, 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 attached sheet with an address.

SIGNATURE: Anne F. Hey — 4/11/96 — 904-322-8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #