## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION** ANNUAL REPORT

1996



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

| 1000       |              |     |
|------------|--------------|-----|
| DOCUMENT # | P92000006347 | (8) |

1. Corporation Name

| HI-IE                                       | CH THAVEL, INC.  |  |                            |                                  | 1 188/1881 (188/1881) 188/1 188/1 188/1  |                                    |  |
|---|--|--|----------------------------|----------------------------------|--|------------------------------------|--|
| Deignical Place                             | of Elusianos   | NACTOR Address   |                            |                                  | I ICC HEEF IN IOOD FOUL BEHEF OU   |                                    |  |
| Principal Place                             |  | Mailing Address  |                            |                                  |  |                                    |  |
| 9900 STRILI<br>STE. #225<br>COOPER CI<br>US | TY FL 33024  | 9900 STRILING RD.<br>STE. #225<br>COOPER CITY FL 33024<br>US     | •                          |                                  | Date Incorporated or Qualified   | 3a. Date of Last Report            |  |
|   |  | •  |                            |                                  | 11/17/1992   | 02/07/1995                         |  |
| 2. Principal Pla                            | ice of Business  | 2a. Mailing Address  |                            |                                  | 4. FEI Number  | Applied For                        |  |
| 21  | ·  | 26   |                            |                                  | 65-0365830   | Not Applicable                     |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.     |  |  |                            | 5. Certificate of Status Desired | S8.75 Additional Fee Required  |                                    |  |
| 27  |  |  |                            | 6. Election Campaign Financing   |  |                                    |  |
| 23  | ¬ ' — — — — — — — — — — — — — — — — — —  |  |                            | Trust Fund Contribution          | S5.00 May Be Added to Fees   |                                    |  |
| Zıp   | Country  | Zip  | Country                    | 1                                | 8. This corporation has liability for it   |                                    |  |
| 24  | 25   |  | 30                         |                                  | Florida Statutes Yes   |                                    |  |
| · · · · · · · · · · · · · · · · · · ·       | 9. Name and Address of Curre   | nt Registered Agent  | 81                         | Name                             | 10. Name and Address of New R  | egistered Agent                    |  |
| TANIEN                                      | BAUM, HOWARD   |  | 01                         |                                  |  |                                    |  |
|   | INCOLN WAY   |  | 82                         | Street A                         | eet Address (P.O. Box Number is Not Acceptable)  |                                    |  |
|   | R CITY FL 33026  |  | 83                         |                                  |  |                                    |  |
|   |  |  |                            |                                  |  |                                    |  |
|   |  |  | 84                         | City                             |  | FL 85 Zip Code                     |  |
| or registere<br>familiar wit                | o the provisions of Sections 607.050<br>ad agent, or both, in the State of Flor<br>b, and accept the obligations of, Sec | ida. Such change was authorized tion 607.0505, Florida Statutes. | by the corp                | oration's                        | proporation submits this statement for the pur<br>board of directors. I hereby accept the appo | ointment as registered agent. I am |  |
| SIGNATURE _                                 | Signature, typed or printed name of registered agor  | nt and title if applicable (NOTE)                                | (WQ f (L<br>Rogistered Age | nt signature re                  | 1 DX L/YY  <br>equired when reinstaling)   | Y-1996                             |  |
| 12.   |  | ND DIRECTORS   | 13.                        |                                  | ADDITIONS/CHANGES TO OFFI  | CERS AND DIRECTORS IN 12           |  |
| TITLE                                       | P  | ☐ DELETE   | 1 1 TITLE                  |                                  |  | Change Addition                    |  |
| NAME  | TANENBAUM, HOWARD<br>3563 LINCOLN WAY  |  | 1 2 NAME                   |                                  |  |                                    |  |
| STREET ADDRESS                              | COOPER CITY FL 33024   |  |                            | ADDRESS                          |  |                                    |  |
| CITY-SI-ZIP<br>TITLE                        | OOOI EIT OITT I E OOUET  | ["] DELETE   | 14 CITY - :<br>2 1 TITLE   | 51 - ZIP                         |  | Change Addition                    |  |
| NAME  |  |  | 2 2 NAME                   |                                  |  |                                    |  |
| STREET ADDRESS                              |  |  | 8                          | ADDRESS                          |  |                                    |  |
| CITY - ST - ZIP                             |  |  | 2.4 CITY-5                 | ST-ZIP                           |  |                                    |  |
| TITLE                                       |  | DELETE   | 3 1 TITLE                  |                                  |  | ☐ Change ☐ Addition                |  |
| NAME  |  |  | 3 2 NAME                   |                                  |  |                                    |  |
| STREET ADORESS                              |  |  |                            | t address                        |  |                                    |  |
| CITY - ST - ZIP<br>TITLE                    |  | DELETE   | 3.4 City - 9<br>4. 1 Title | ST-ZIP                           |  | Change [] Addition                 |  |
| NAME  |  | [_] beccir   | 4.1 IIILE                  |                                  |  |                                    |  |
| STREET ADDRESS                              |  |  |                            | ADDRESS                          |  |                                    |  |
| CITY-\$1-ZIP                                |  |  | 4.4 CITY-5                 |                                  |  |                                    |  |
| TITLE                                       | M. M. A. C   | ☐ DELETE   | 5. 1 TITLE                 |                                  |  | ☐ Change ☐ Addition                |  |
| NAME  |  |  | 5.2 NAME                   |                                  |  | _                                  |  |
| STREET ADDRESS                              |  |  | 5.3 STREET                 | ADDRESS                          |  |                                    |  |
| CITY-ST-ZIP                                 | · · · · · · · · · · · · · · · · · · ·  |  | 5.4 CITY - 9               | T-21P                            |  |                                    |  |
| TITLE                                       |  | ☐ DELETE   | 6 1 TITLE                  | - 1                              |  | ☐ Change ☐ Addition                |  |
| NAME  |  |  | 6.2 NAME                   | 1                                |  |                                    |  |

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 the amount 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 13 of chapter 607 and attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

HOWARD TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 100 Daylore Proce P