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 # **P93000041654 (3)**

1. Corporate Name

TRAVEL OPTIONS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7485 CONROY WINDERMERE RD STE A ORLANDO FL 32835 US	7485 CONROY WINDERMERE RD STE A ORLANDO FL 32835 US

3. Date Incorporated or Qualified: **06/07/1993**
3a. Date of Last Report: **05/01/1995**

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

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: County 30:

4. FEI Number: **59-3184898** ☐ 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**

DE YOUNG, LINDA F
1705 WIND HARBOR RD
ORLANDO FL 32801

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 607.0202 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. OFFICER(s) AND DIRECTOR(S)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DEYOUNG, LINDA		12 NAME	
STREET ADDRESS	1705 WIND HARBOR RD		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, SUE		22 NAME	
STREET ADDRESS	20 E VICK		23 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JANET RENEA		32 NAME	
STREET ADDRESS	5724 BEAR LAKE CIR		33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DEYOUNG, STEPHEN J.		42 NAME	
STREET ADDRESS	1705 WIND HARBOR RD		43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: Linda DeYoung President 1/16/96 407 521-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)