

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 9:44

**DOCUMENT # P93000084063 (5)**

1. Corporation Name

**FROM HERE TO THERE TRAVEL INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455  
8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455

3. Date Incorporated or Qualified 01/01/1984  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 65-0452782  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Country 25 Country 29 Country 30 Country

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

9. Name and Address of Current Registered Agent  
CORPORATE CREATIONS ENTERPRISES INC  
4521 PGA BLVD  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent  
81 Name JON G. MASON  
82 Street Address (P.O. Box Number is Not Acceptable) MASON & ASSOCIATES  
83 7777 Grades ROAD Suite 213  
84 City BOCA RATON FL 85 Zip Code 33434

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: *JON G. MASON* DATE: 5/5/95  
Signature, type name, printed name of agent and Min if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: CARDOZO, PATRICIA ANN  
STREET ADDRESS: % 8512 SE QUAIL RIDGE WAY  
CITY - ST - ZIP: HOBE SOUND FL 33455

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.1 TITLE: VICE PRESIDENT/TREASURER  Change  Addition  
2.2 NAME: THOMAS RAYMOND CARDOZO  
2.3 STREET ADDRESS: 8512 SE QUAIL RIDGE WAY  
2.4 CITY - ST - ZIP: HOBE SOUND, FL 33455

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY - ST - ZIP:

**REMITTED BY MAY 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 110.07(3)(4), 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: *Patricia Ann Cardozo* DATE: March 5, 1995 (402)  
BATRICKIA ANN CARDOZO 546-3728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (do not leave blank)