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 # **P93000084063 (5)**

1. Corporation Name

FROM HERE TO THERE TRAVEL INC. F/K/A
NANCY A. MAZER, P.A.

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: 01/01/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 P.O. Box 1047
22 Suite, Apt. #, etc.
23 City & State: Boca Raton FL.
24 Zip: 33429
25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 1047
27 Suite, Apt. #, etc. B
28 City & State: Boca RATON, FL.
29 Zip: 33429
30 Country: U.S.A.

4. FEI Number: 65-0452782 ☐ 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

MAZER, JON G
MAZER & ASSOCIATES
7777 GLADES ROAD/ SUITE 213 > ADDRESS CHANGE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: MAZER, JON G.
82 Street Address (P.O. Box Number is Not Acceptable): MAZER & ASSOCIATES
83 6100 GLADES ROAD, SUITE 310
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 _____ DATE _____
Signature, typed or printed name of registered agent and date. Required. (NOTE: Registered Agent's signature required when filing this form.)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	CARDOZO, PATRICIA ANN	
STREET ADDRESS	% 8512 SE QUAIL RIDGE WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VPT	☒ DELETE
NAME	CARDOZO, THOMAS R	
STREET ADDRESS	8512 QUAIL RIDGE WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	☒ Change ☐ Addition
NAME	NANCY A. MAZER	
STREET ADDRESS	P.O. Box 1047	
CITY-ST-ZIP	Boca Raton, FL. 33429	
TITLE	MAILING ADDRESS (N/A).	☐ Change ☐ Addition
NAME	NANCY A. MAZER	
STREET ADDRESS	P.O. Box 1047	
CITY-ST-ZIP	Boca Raton, FL. 33429	
		☐ Change ☐ Addition
		☐ Change ☐ Addition
	500001902785 -07/24/96--01009--034 ***225.00	☐ Change ☐ Addition
		☐ Change ☐ Addition

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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: Nancy A. Mazer NANCY A. MAZER 5-29-96 401-866-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #