

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000024576 (8)**

1. Corporation Name

TRAVEL MASTERS INTERNATIONAL, INC.

Principal Place of Business

**2139 S. TAMiami TRAIL
VENICE FL 34293**

Mailing Address

**2139 S. TAMiami TRAIL
VENICE FL 34293**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

65-0487926

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2041 S. TAMiami TRAIL

Suite, Apt. #, etc.

22

City & State

23 VENICE FL

Zip

24 34293

Country

25 USA

2a. Mailing Address

26 2041 S. TAMiami TRAIL

Suite, Apt. #, etc.

27

City & State

28 VENICE FL

Zip

29 34293

Country

30 USA

9. Name and Address of Current Registered Agent

**HARE, LESLEY E
2139 S. TAMiami TRAIL
VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name

LESLEY E HARE

82 Street Address (P.O. Box Number is Not Acceptable)

2041 S. TAMiami TRAIL

83

84 City

VENICE

FL

85 Zip Code

34293

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
HARE, LESLEY E
2016 LONG POINTE CT.
VENICE FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
EVERING, HENRY W
1031 FORREST GROVE BLVD.
PALM HARBOR FL 34683**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

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

**P
LESLEY E HARE
116 OSPREY POINT DR
OSPREY FL 34229**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**VP
HENRY W EVERING
2685 MANASOTA BEACH RD
ENGLEWOOD FL 34223**

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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:

Lesley E Hare

PRESIDENT

4-16-98.

CR2E034 (10/97)