

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 # P94000027926 (2)

1. Corporation Name

TRAVEL SAVER'S GUIDE, INC.



Principal Place of Business

3101 SW 34TH AVE
SUITE 905
OCALA FL 34474

Mailing Address

3101 SW 34TH AVE
SUITE 905
OCALA FL 34474

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

11/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 107 NE 1st Avenue
27 Suite, Apt. #, etc.
28 Ocala, FL
29 34470
30 Marion

4. FEI Number

59-3236459

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

KOHN, GEORGE D
3101 SW 34TH AVE
SUITE 905
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature of person to be named as registered agent must be filed with this report.

(If 2/2/96 Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(k), 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George D. Kohn

1-31-96

Date

904-732-2594

Daytime Phone

CR2E034 (12/95)