FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:36

DOCUMENT # P94000030870 (7)

1. Corporation Name
TRAVEL OPPORTUNITIES OF FORT LAUDERDALE, INC.

Principal Place of Business
1471 SW 12 AVE #203
POMPANO BEACH FL 33069

Mailing Address
1471 SW 12 AVE #203
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2701 W. Oakland Park Blvd.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Fort Lauderdale, Florida
Zip 24 33311 Country 25

2a. Mailing Address
26 2701 W. Oakland Park Blvd.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Fort Lauderdale, Florida
Zip 29 33311 Country 30

4. FEI Number: 65-0484248 ☐ 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
VERRILLO, JAMES
1471 SW 12 AVE #203
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2701 W. Oakland Park Blvd.
83 Suite 100
84 City Fort Lauderdale, 85 FL Zip Code 33311

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 title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VERRILLO, JAMES	1.2 NAME	
STREET ADDRESS	1471 SW 12 AVE #203	1.3 STREET ADDRESS	2701 W. Oakland Park Boulevard, Ste 100
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33311
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STRAUB, TERESA	2.2 NAME	
STREET ADDRESS	1471 SW 12 AVE #203	2.3 STREET ADDRESS	2701 W. Oakland Park Boulevard, Ste 100
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33311
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] 2/6/95 (305) 486-0708
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

01133300 CP