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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P94000081182 (5)

TRAVEL TALES, INC.					
incipal Place of Business	Mailing Address		רדומש וונסס ורושט וושנט וואני עווי ובסווסטו ו	- BOLDA HAJAN MADU ULDU LARI	18 1101 1001
G N SHINE AYE RLANDO FL 32603 B	5910 BENT PINE DR APT. #312 Orlando Fl 32822-3345				
			 Date Incorporated or Qualified 11/04/1994 	3a. Date of Last F 07/15/1996	Report
Principal Place of Business	2a. Mailing Address		4. FEI Number		pplied For
	26 903 N. S	phiae Ave	65-0539475		ot Applicabl
Suite Apt. # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , , ,	Additional equired
City & State	City & State		6. Election Campaign Financing		May Be
	28 Orlando	FL	Trust Fund Contribution	☐ Added	to Fees
Zip Country 25	29 32303	Country 30 USA]Yes ☐ No	199.032,
9. Name and Address of	Current Registered Agent		10. Name and Address of New Re	pistered Agent	
BARBER, JENNIFER A		81 Name			
903 N SHINE AVE		82 Street Ac	idress (P.O. Box Number is Not Acceptab	le)	
ORLANDO FL 32803		83			
•		63			
		84 City		85 Zip	Code
B	07.01.00 and 607.4500 Florida Plated			FL C	
office or registered agent, or both, in the	e State of Florida, Such change was a	is, the above-named co uthorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing to the appointment as	its registered registered
agent. I am familiar with, and accept the	e obligations of, Section 607.0505, Flo	rida Statutes.			
3NATURE Specialize typost or profest page of began	Seterd agent and title if accincable (NOTE				
Signature Typed or printed name of regis	rered agent and title if applicable (NOTE	: Registered Agent signature rea		DATE	
Signaturi, Typed or printed name of regis OFFICE	······································	: Registered Agent signature rei	quited when reinstating)	DATE	RS IN 12
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May 15 1997 8:00am

Secretary of State