

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000008168 (3)  
1. Corporation Name

TICKETS 2 GO TRAVEL, INC.



Principal Place of Business

Mailing Address

403 EAST STRAWBRIDGE AVE.  
MELBOURNE FL 34901

403 EAST STRAWBRIDGE AVE.  
MELBOURNE FL 34901

3. Date Incorporated or Qualified 01/31/1995  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 221 E Eau Gallie Blvd

27 221 E Eau Gallie Blvd

4. FEI Number 59-3291591  
Applied For Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

22 Melbourne

28 Melbourne

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 FL

29 FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32937

25 USA

29 FL

30 32937

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, JANICE M  
221 E. EAU GALLIE BLVD.  
MELBOURNE FL 32937

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT ☒ DELETE

NAME WHITE, JAMES C II  
STREET ADDRESS 403 E. STRAWBRIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 34901

TITLE S ☒ DELETE

NAME WHITE, DONNA  
STREET ADDRESS 403 E. STRAWBRIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 34901

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

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed