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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000012547 (2)

TRAVEL SAVERS ENTERPRISES, INC.

FILED											
Mar	19	1998	8:00am								
Sec	cret	tary of	f State								

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Principal Place of Business Mailing Address										
			3500 N SR 7							
#100			#100 Lauderdale Lakes FL 33319				DO NOT WRITE IN THIS SPACE			
LAUDERDALE LAKES FL 33319 US			US				3. Date Incorporated or Qualified			
							02/10/1995			
2. Principal F	Place of Business	2a.	. Mailing Address				4. FEI Number	Ap	plied For	
21		26					65-0560294		t Applicable	
I Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27					S. Commodito of Citation Decirco	Fee Re	quired	
City & Star	te	$\vdash$	City & State				6. Election Campaign Financing	\$5.00		
23	- I County	28	<b>7</b> :	County			Trust Fund Contribution	Added t		
Zip	Country		Zip	Countr	У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
24	25 25 Name and Address of Cur	29 rent Regis	tered Agent	30			10. Name and Address of New Registered Ag		_ INO	
D/	DRIGUEZ, MIGUEL J			81	ı	Name		,		
	01 \$ UNIVERSITY DR			_	1					
	ITE 302 WEST			82	2	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	VIE FL 33328			83	+					
	WE TE BOOLD				$\perp$			( = 1 <del>=</del>		
•				84	<b>'</b>	City	FL.	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 6	07.1508, Florida Statut	es, the abov	/e-r	named corpo	oration submits this statement for the purpose of c	hanging it:	s registered	
office or	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Flori	da. Such change was -	authorized b	y ti	he corporatio	on's board of directors. I hereby accept the appoint	ntment as	registered	
	an ignification and account the cit	inganono o	1, 000	0,134 0,13,010						
SIGNATURE	Signature, typod or printed name of registered	agent and lifte	if applicable (NOT	E Registered Ag	genl	signature required	d when reinstating) DATE			
12.	OFF ICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D		☐ DELETE	1.1 TITLE			L.	] Change	Addition	
NAME	COLOYAN, PETER			1.2 NAME			•			
STREET ADDRESS	9028 NW 25 CT			1.3 STREE	TAD	DDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		D DEVEN	1,4 CITY-	ST-	ZIP		7 05	1.4400	
TITLE			☐ DELETE	2.1 TITLE			L	Change	Addition	
NAME	1			2.2 NAME						
STREET ADDRESS				2.3 STREE						
CITY-ST-ZIP	<del>  -</del>		DELETÉ	2. 4 CITY- 3.1 TITLE		ZIP		Change	Addition	
TITLE NAME	'		- PULLIC	3.1 HILE			_	_ onungo	Facinon	
' '				3.3 STREE		nneres				
STREET ADDRESS				3.4. CITY-						
CITY-ST-ZIP	-		DELETE	4.1 TITLE	31-	- KII		Change	Addition	
NAME				4. 2 NAME	Ē		·	_ •		
STREET ADDRESS				4.3 STREE		OORESS				
CITY-ST-ZIP				4.4 CITY -				1 )	<del>i</del>	
TITLE			DELETE	5.1 TITLE	1		/h	Change	Addition	
NAME				5.2 NAME				7//	2	
STREET ADDRESS				5.3 STREE		ODRESS		<b>Y</b> / 9	7	
CITY-ST-ZIP				5.4 CITY-				, ( )		
TITLE			DELETÉ	6.1 TITLE			00000246217	Change	☐ Addition	
NAME				6.2 NAME			-02/19/9901062019			

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\*\*\*150.00