

**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 # P95000013482 (1)**

1. Corporation Name

**TRANS-WORLD TRAVEL GROUP, INCORPORATED**



Principal Place of Business

Mailing Address

1124 E. COLONIAL DRIVE  
ORLANDO FL 32803

1124 E. COLONIAL DRIVE  
ORLANDO FL 32803

3. Date Incorporated or Qualified  
**02/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3295722**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

24

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

**KUNG, PETER  
1124 E. COLONIAL DRIVE  
ORLANDO FL 32803**

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]*

**PETER F. KUNG, PRESIDENT.**

**7-19-96**

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHENG, CHU F	
STREET ADDRESS	327 STERLING ROSE COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KUNG, PETER	
STREET ADDRESS	4741 EMERALD FOREST WAY, #1704	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SO, YEE K	
STREET ADDRESS	327 STERLING ROSE COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAI, PO-CHOU	
STREET ADDRESS	14512 ASTINA WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WANG, SHENG H	
STREET ADDRESS	833 EBB DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KUNG, PETER	
1.3 STREET ADDRESS	1124 E. COLONIAL DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32803	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WANG, SHENG H	
2.3 STREET ADDRESS	833 EBB DRIVE	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**PETER F. KUNG**

**7-19-96**

**(407) 425-0208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)