

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028980 (7)

1. Corporation Name

TRAVEL WORLD, INC.



Principal Place of Business

432 S.W. CURTIS ST.
PORT ST. LUCIE FL 34983

Mailing Address

432 S.W. CURTIS ST.
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 883 NE Prima Vista Blvd.

26 same as (2)

4. FEI Number

Applied For

☒ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

25 34952

26 FL

30 34952

31 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEISSINGER, PAULETTE L
432 S.W. CURTIS ST.
PORT ST. LUCIE FL 34983

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

TITLE D
NAME GEISSINGER, PAULETTE L
STREET ADDRESS 432 S.W. CURTIS ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ DELETE

TITLE D
NAME GEISSINGER, THOMAS D
STREET ADDRESS 432 S.W. CURTIS ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ DELETE

TITLE D
NAME GEISSINGER, MARK A
STREET ADDRESS 432 S.W. CURTIS ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ DELETE

TITLE D
NAME GEISSINGER, KAREN E
STREET ADDRESS 432 S.W. CURTIS ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paulette L. Geissinger* Paulette L Geissinger

4/19/96 407-879-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)