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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000056100 (7)

TRAVEL ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business Mailing Address									
	ATEE BLVD NW SUITE 123 FL 33431-7345		2300 CORPORATEE BLVD NW SUITE 123 BOCA RATON FL 33431-7345						
						3. Date Incorporated or Qualified 07/18/1995		ate of Last R /23/1996	eport
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Ar	plied For
21		26				59-3329600			of Applicable
Suite, Apt	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	X	\$8.75	
City & State		27 City & Str	eto					Fee Re	
23	v	28	ate			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip		Country		This corporation has liability for			
24	25	29	3	10			Yes		. 133.032,
g. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered	Agent	
	BIN, ARTHUR			B1	Name				
2300 CORPORATEE BLVD NW SUITE 123 BOCA RATON FL 33431-7345				<b>B2</b>	82 Street Address (P.O. Box Number is Not Acceptable)				
				63					
				84	City		re i	<b>85</b> Zip (	Code
44 Purevanil	to the provisions of Sections 607.0	502 and 607 1508 F	Inrida Statutas	the show	a named corr	poration submits this statement for the	FL		e registered
office or re	egistered agent, or both, in the Sta	ite of Florida Such c	hange was au	thorized by	the corpora	poration submits this statement for the tion's board of directors. I hereby according to the control of the con	pulpose to	pointment as	registered
	m tamiliar with, and accept the ob-	ligations of, Section (	507.0505, FION	da Statutes	<b>S</b> .				
SIGNATURE	Signation typical or printed name of registered	agent and tile if applicable	(NOTE	Registered Age	ent signature requi	red when reinstating)	DATE	<del></del>	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	IS IN 12
THLF	D	L	DELETE	1.1 TITLE				Change	Addition
NAME	SACKETT, WILLIAM H			1.2 NAME					
STREET ADDRESS	2300 CORPORATEE BLVD N			1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431-734		<b>.</b>	1.4 C(TY - S	T-ZIP				
TRLE	D	L	DELETE	2.1 TITLE				Change	Addition
NAME	DUBIN, ARTHUR	EM OUTE 400		2.2 NAME					
STREET ADDRESS	2300 CORPORATEE BLVD N			23 STREET					
CITY-ST-ZIP	BOCA RATON FL 33431-734		DELETE	2.4 CITY-	ST-ZIP				T. A. A. Port
TITLE		L.	1 NETERE	3.1 TITLE				L. Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP TOTUE			DELETE	3.4. CITY-5 4.1 TITLE	51 - ZIP			Change	Addition
NAME		_		4.2 NAME				المانية والمانية	realist
STREET ADDRESS				4.3 STREET	ADDRESS				
CHY-ST-ZIP				4.4 CITY-S	ľ				
TITLE			DELETE	51 TITLE				Change	Addition
NAME				5.2 NAME				*	
STREET ADDRESS				5.3 STREET	ADDRESS				

14. I do 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

City - ST- 7IP

STREET ADDRESS

CITY - ST- ZIP

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

e/au/97

561-339-9169

☐ Change

Addition

**FILED** 

Mar 06 1997 8:00am

Secretary of State