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

Mailing Address

SUITE 106

1310 N MAIN STREET

KISSIMMEE FL 34744-4244

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1310 N MAIN STREET

KISSIMMEE FL 34744

SIGNATURE:

SIGNATURE AND TYPE

SUITE 106



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

January 8, 1997

407-438-7459

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062062 (1)

T&T TRAVEL CONSULTANTS CORP.

08/10/1995 10/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0608412 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEFAN, INGEBORG F 81 Name 13979 OSPREY LINKS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **APT 326** ORLANDO FL 32837 83 84 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agerc and tile if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TITLE 1.1 TITLE Change Addition MARRON, JOHANN A NAME 1.2 NAME 13979 OSPREY LINKS RD., APT 326 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 1.4 CITY-ST-ZIP PD DELETE THILE 2.1 DITE Channe Addition STEFAN, INGEBORG F NAME 2.2 NAME 13979 OSPREY LINKS RD., APT 326 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32837 CHTY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADORESS CITY-ST-7IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE THE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 supplied that annual report is frue end 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 constration on the receiver or tystice 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 intrachmon with an address.