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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P95000088652 (9)

TRAVEL SERVICES III, INC.

FILED May 01 1996 8:00 am Secretary of State

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							I IBAIT BAHAI BAHA IIDI IDDI	
Principa! Place of	f Business	Mailing Address						
35919 U.S. HIG PALM HARBOF	GHWAY 19 NORTH R FL 34684		35919 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684					
					 Date Incorporated or Qualif 11/17/1995 	ied 3a. Date o	of Last Report	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3352131		Not Applicable	
Suite, Apt. #,	elc.	Suite, Apt #, etc). 		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financin	ng 🔲	\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	<u> </u>	Countr	У	This corporation has liability Florida Statutes	y for intangible tax Yes □ No	under's 199.032,	
24	25	29	30		10. Name and Address of No		gent	
	9. Name and Address of Cu	rrent negistered Agent	8	I Name			<u> </u>	
000000	ATION CERSOE COMPANY	,	ļ. <u></u>	Frankl.	in S. Burkett	onto blak		
	ATION SERVICE COMPANY		8	2 Street Addre 35919	ess (P.O. Box Number is Not Acce J.S. Hwy. 19, Nort	spitacie) E h		
	ys street Assee FL 32301-2525		8		919 C.B. Nwy. 197 Notes			
IALLANA	19955 LF 35301-5353		<u></u>				Tabl 2 - Code	
			6	Palm H	arbor	FL	85 Zip Code 34684	
SIGNATURE	Draw I lew	CCV apoda su tre Tacore dise	(N.2)E. Bagalora, A.		ation submits this statement for the diof directors. I hereby accept the highest and a statement for the ADDITIONS/CHANGES TO	CIATE	/ 	
12.		AND DIRECTORS [K] DELETE	13.	. P/			Change Addition	
TITLE	PS ROIX, SCOTT	E 0000 10	1.2 NAM	E~	anklin S. Burkett			
NAME	35919 U.S. HIGHWAY 19	NORTH			919 U.S. Hwy. 19,	North		
STREET ADDRESS	PALM HARBOR FL 34684		1.4 Cily	Do	lm Harbor, FL 34	684		
CITY ST-ZIP TITLE	1 Part Transcript	DELETE					Change Addition	
NAME			2.2 NAM	F				
STREET ADDRESS			2.3 STHE	E1 ADDRESS				
CITY - ST - ZIP			2.4 CITY	S1 - ZIP				
TITLE		DELETE	3 1 111.	F		L.	Change Addition	
NAME			3.2 NAM	E				
STREET ADDRESS				EET ADDRESS				
CITY-S1-ZIP		for the		· S1 · ZiP			7 Change	
TITLE		☐ DELETE				L	J = 1.00.00	
NAME			4.2 NAN					
STREET ADDRESS			l l	FEL ADDRESS '- ST-ZIF				
CITY - ST - ZIF		DELETE					Change 🔲 Addition	
NAME		<u> </u>	5.2 NAN					
STREET ADDRESS				EFT ADDRESS				
CITY ST-ZIP				(+\$1+ Z IP				
TITLE		DELETI					Change Addition	
1			6.2 NAM	/E				
NAME			-	1				
STREET ADDRESS			6.3 STH	EET ADDRESS				

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 marie under that an 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 12

SIGNATURE: ,

NATE O NAME OF SIGNING OFFICER OR DIRECTOR