

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021577 (7)**

1. Corporation Name

**TRAVEL GROUP INTERNATIONAL, INC.**

Principal Place of Business

**497 EAST SEMORAN BOULEVARD, UNIT 165  
CASSELBERRY FL 32707**

Mailing Address

**497 EAST SEMORAN BOULEVARD, UNIT 165  
CASSELBERRY FL 32707-4935**



2. Principal Place of Business

**21 Same as above**

2a. Mailing Address

**26 Same as above**

3. Date Incorporated or Qualified

**03/08/1996**

3a. Date of Last Report

4. FEI Number

**59-3364580**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MARTINEZ, L. KENT**  
STREET ADDRESS **497 EAST SEMORAN BOULEVARD, UNIT 165**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **V** ☒ DELETE

NAME **DELEO, NEAL**  
STREET ADDRESS **497 EAST SEMORAN BOULEVARD, UNIT 165**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **STD** ☒ DELETE

NAME **MARTINEZ, JARED F**  
STREET ADDRESS **497 EAST SEMORAN BOULEVARD, UNIT 165**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres. Secretary/Treasurer** ☐ Change ☒ Addition

1.2 NAME **MARTINEZ, L. Kent**  
1.3 STREET ADDRESS **497 E Semoran Blvd Ste 165**  
1.4 CITY-ST-ZIP **Casselberry, FL 32707**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS ☐ Change ☐ Addition  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS ☐ Change ☐ Addition  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS ☐ Change ☐ Addition  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS ☐ Change ☐ Addition  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]* **Pres. Agent**

**2-13-97 407-831-5900**

CR2E034 (9/96)