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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000070166 (9)

TRAVEL CLUB INTERNATIONAL, INC.

Principal Place of Business Mailing Address				1 legues, we shall dus altu abits said said	skin nasas itana nemé bili tan	
539 CANBY CIRCLE OCOEE FL 34761  539 CANBY CIRCLE OCOEE FL 34761-8900		539 CANBY CIRCLE OCOEE FL 34761-8909				
				3. Date Incorporated or Qualified 34 08/22/1996	Date of Lest Report	
	ace of Business  5. Hwy 17-92	28. Mailing Address 26. 5050 5.	Hwy 17-92	4. FEI Number 59-3398735	Applied For	
21 <b>6050</b> Suite, Apt		26 3030 J. Suite, Apt. #, etc.	1407 1110	27-2210123	Not Applicable	
22 /04		27 /04		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 CASSEL6	em FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 CAS	Country	Zip	Country		Added to Fees	
24 327	07 35 11 SA	32707	30 USA	8. This corporation has liability for intan-	· _	
	9. Name and Address of Current			10. Name and Address of New Register		
ZWICKER, STEVE 81 Name						
539 CANBY CIRCLE OCOEE FL 34761			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
					FL	
office or r	to the provisions of Sections 607.0502 registered rigent, a both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the above-named con outhorized by the corpora	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered appointment as registered	
agent. La	m family regith and accept the obliga	ilions of, Section 607.0505, Fic	rida Statutes.		1 100	
SIGNATURE	Author Print or printed pagin of a pistored season	STEVE LWI	Registered Agent's gnature req	Les i Ven (einstation)	/10/97	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	ZWICKER, STEVE		1.2 NAME			
STREET ADDRESS	539 CANBY CIRCLE		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	GAUTEREAUX, ROB		2.2 NAME			
STREET ADDRESS	27337 PROVIDENT ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	AGOURA CA 91301	·-···	2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			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			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIF		DELETE	5 4 CITY - ST - ZIP			
TITLE		1 1 111=1 1=11=	6.1 TITLE		Change Addition	

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZP

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 planger or on an attachment with an address.

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY - ST-ZIP

407 339 3351

**FILED** 

Jan 21 1997 8:00am

Secretary of State