

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083925 (3)

1. Corporation Name

TRAVEL OPPORTUNITIES ASSOCIATES, INC.

Principal Place of Business

3015 NO OCEAN BLVD. STE 121  
FORT LAUDERDALE FL

Mailing Address

3015 NO OCEAN BLVD. STE 121  
FORT LAUDERDALE FL 33308-7300



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0700187	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLODIG, GREGORY J ESQ. GREENSPOON, MARDER, HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD STE 700 FORT LAUDERDALE FL		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTINO, J P	12 NAME	OTTINO, J P
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	13 STREET ADDRESS	3015 NO OCEAN BLVD., STE 121
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTINO, J P	22 NAME	FOSTER, REBECCA A.
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	23 STREET ADDRESS	3015 NO. OCEAN BLVD., STE. 121
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D/VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, MARC J	32 NAME	LANDAU, MARC J.
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	33 STREET ADDRESS	3015 NO OCEAN BLVD., STE 121
CITY-ST-ZIP	FORT LAUDERDALE FL	34 CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JAMES E	42 NAME	
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	43 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANSKY, BRUCE	52 NAME	
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	53 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIERHOLZER, LARRY	62 NAME	
STREET ADDRESS	3015 NO OCEAN BLVD. STE 121	63 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	64 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

Day:me Phone

954-563-2444

CR2E034 (9/96)