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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

NAME STREET ADDRESS

TITLE

NAME

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SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # P96000084869 (2)

TRAVEL FUN INTERNATIONAL, INC.

Principal Place of Business Mailing Address 280 \$ E 18TH AVE. 280 S E 18TH AVE. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-5010 3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996 Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2a. 65-0702045 Not Applicable 21 26 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zin Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes
Yes
No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIRNUN, MORRIS A KRESEX 280 S E 18TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 DEERFIELD BEACH FL 33441 83 DEXHELD 84 33441 provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ed about 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 liar with and accept the obligations of, Section 607.0505, Florida Statutes. 11, Pursuant to office or agent SIGNAT (IRE (NOTE Registered Agent signature required when reinstating) ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12 13. DELETE Change **X** Addition TITLE 11 TITLE NAME 1.2 NAME POARL KRESER 18TH AVE ی ک STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-7IP CITY-ST-ZIP **K** Addition DELETE Change TITLE 2.1 TITLE 22 NAME NAME IBM AUS 2.3 STREET ADDRESS 280 Sć STREET ADDRESS 33+41 2 4 CITY - ST - 7/P CITY-ST-ZIP Addition DELETE 31 TITLE Change TITLE

14. If 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 depropation 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 or charged, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3 3 STREET ADDRESS 3 4. City-St-ZiP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

GNATURE AND TYPED OR PRINDED NAME OF SIGNING OFFICER OR DIRECTOR

1.12.97

Daytime Phone #

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 17 1997 8:00am

Secretary of State

none #