

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000037808

TRAVEL DESIGNERS OF FLORIDA, INC.

Principal Place of Business: 1240 OLDE DOUBLOON DRIVE
 Mailing Address: VERO BEACH, FL. 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1997
 4. FEI Number: 65-0747996
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fee
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

1. Principal Place of Business: 1240 OLDE DOUBLOON DR. VERO BEACH, FL 32963
 2. Mailing Address: 1240 OLDE DOUBLOON DR. VERO BEACH, FL 32963

9. Name and Address of Current Registered Agent: FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE SUITE 900 MIAMI, FL 33131

10. Name and Address of New Registered Agent: (Blank)

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT AND Director	<input type="checkbox"/> DELETE
NAME: TINA BENJAMIN	
STREET ADDRESS: 1240 OLDE DOUBLOON DRIVE	
CITY-ST-ZIP: VERO BEACH, FL 32963	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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: Tina Benjamin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 TINA BENJAMIN, PRESIDENT

APRIL 30, 1998 561-234-0539
 Date Filing Photo # 016881