## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



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

| 1. Corporation R&R  Principal Place           | TRAVEL, INC. OF SOUTH FI  | • •  |  | 3. Date Incorporated or Qualified       | 3a. Date of Last Report                   |
|---|---|--|--|---|---|
| ••  |   | 00   |  | 04/12/1991                              | 05/01/1995                                |
| 2. Principal Pla                              | ce of Business  | 2a. Mailing Address  |  | 4. FEI Number                           | Applied For                               |
| Suite, Apt. #                                 | . oto   | Suite, Apt. #, etc.  |  | 65-0253922                              | Not Applicable                            |
| 2   | , 665.  | 27   |  | 5. Certificate of Status Desired        | \$8.75 Additional Fee Required            |
| City & State                                  |   | City & State   |  | 6. Election Campaign Financing          | \$5.00 May Be                             |
| 3   |   | 28   |  | Trust Fund Contribution                 | Added to Fees                             |
| Ziρ   | Country   | Ζiρ  | Country  | 8. This corporation has liability for   |   |
| 1   | 9. Name and Address of Current I  | [29]   | 30   |   | cN <sub>2</sub>                           |
|   | 9. Name and Address of Current I  | registered Agent   | 81 Name  | 10. Name and Address of New F           | Registered Agent                          |
| CORPORATION INFORMATION SERVICES, INC.        |   |  |  |   |   |
| 1201 HAYES STREET TALLAHASSEE FL 32301        |   | , 1110.  | 82 Street Addr   | ess (P.O. Box Number is Not Acceptat    | ole)                                      |
|   |   |  | 83   |   |   |
|   |   |  |  |   |   |
|   |   |  | 84 City  |   | FL 85 Zip Code                            |
| IZ.  ITLE  IAME  STREET ADDRESS  DITY-ST-ZiP  | PD SFFICERS AND E<br>REGITT, JEFFREY<br>6835 W.COMMERCIAL BLVD.<br>TAMARAC FL   | DELETE   | 13.  1 1 TITLE 12 NAME 13 STREET ADDRESS. 14 CITY ST-ZIP   | ADDITIONS/CHANGES TO OFF                | ICERS AND DIRECTORS IN 12 Change Addition |
| TLE   | ST  | ☐ DELETE   | 2 1 TITLE  |   | ☐ Change ☐ Addition                       |
| AME   | REGITT, JEFFREY   |  | 2.2 NAME   |   |   |
| REET ADDRESS                                  | 6635 W.COMMERCIAL BLVD.   |  | 2.3 STREET ADDRESS   |   |   |
| TY-ST-Z1P                                     | TAMARAC FL<br>VD  |  | 2 4 CITY - \$1 - ZIP   |   |   |
| TLE<br>AME                                    | REGITT, MURRAY  | ☐ DELETE   | 3 1 TIFLE  |   | Change Addition                           |
| TREET ADDRESS                                 | 6635 W.COMMERCIAL BLVD.   |  | 3.2 NAME<br>3.3 STREET ADDRESS   |   |   |
| ITY-ST-ZIP                                    | TAMARAC FL  |  | 3.4 ClTV - \$1 - ZIP   |   |   |
| TLE   |   | DELETE   | 4 * THILE  |   | Change Addition                           |
| AME   |   | •  | 4.2 NAME   |   | <u> </u>                                  |
| THEET ADDRESS                                 |   |  | 4.3 STREET ADDRESS   |   |   |
| ITY - ST - ZIP                                | ***************************************   |  | 4.4.0°TY - ST - ZIP  |   |   |
| TLE   |   | ☐ DELETE   | S 1 T TLF  |   | ☐ Change ☐ Addition                       |
| AME   |   |  | 5.2 NAME   |   |   |
| IREET ADDRESS                                 |   |  | 5 3 STREET ADDRESS   |   |   |
| TY+ST+ZiP<br>TLE                              |   | T DELETE   | 5.4.CHY+ST-ZIF   |   | D 05000                                   |
| AME   |   | ☐ DELETE   | 6 1 VILE   |   | Change Addition                           |
| TREET ADDRESS                                 |   |  | 6 2 NAM(   |   |   |
| ITY-ST-ZIP                                    |   |  | 6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP  |   |   |
| 4. I do hereby certify that to oath, that I a | certify that the information supplied with<br>the information indicated on this annual<br>am an officer or director of the comporat<br>Block 12 or Block 13 if changed, or on a | report or supplemental and<br>on or the receiver or truste | hished and does not qualify followed report is true and accura-<br>tic empowered to execute this | to and that my evapolise chall base the | come feablieffoot on if made under        |

SIGNATURE: \_\_

JEFREY REBITT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR