FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S78506** **(0)**

1. Corporation Name

TRAVELEASY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2455 E. SUNRISE BLVD. SUITE 900 FT. LAUDERDALE FL 33304	2455 E. SUNRISE BLVD. SUITE 900 FT. LAUDERDALE FL 33304

2. Principal Place of Business	2a. Mailing Address
21 2501 NW 17th LANE	26 2501 NW 17th LANE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH FLORIDA	28 City & State: POMPANO BEACH FLORIDA
24 Zip: 33064 25 Country	29 Zip: 33064 30 Country

3. Date Incorporated or Qualified: 09/09/1991

3a. Date of Last Report: 06/26/1995

4. FEI Number: 65-0281388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RAPPAPORT, RANDY
2455 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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] RANDALL RAPPAPORT 4.2.96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	RAPPAPORT, RANDY	
STREET ADDRESS	2455 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VSD	☐ DELETE
NAME	LEATHLEY, SANDRA M	
STREET ADDRESS	2428 NE 26TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2501 N W 17th LANE	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: S.M.R. Leathley S.M.R. LEATHLEY 4.2.96 954 979 9929.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #