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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2501 NW 27TH LANE  
SUITE 900  
POMPANO BEACH FL 33064  
US

Mailing Address

2501 NW 17TH LANE  
SUITE 900  
POMPANO BEACH FL 33064-1515  
US

2. Principal Place of Business

21 2501 NW 17th LANE

2a. Mailing Address

26 2501 NW 17th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 POMPANO BEACH

City & State

28 POMPANO BEACH

Zip

24 FI

Country

25 33064

Zip

29 FI

Country

30 33064

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

RAPPAPORT RANDY

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

8715 NW 55th PLACE

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33067

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

*Randy Rappaport*  
Signature typed or printed name of registered agent and filed if applicable

RANDALL RAPPAPORT PRESIDENT

4-10-97

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAPPAPORT, RANDY	
STREET ADDRESS	2501 NW 17TH LANE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEATHLEY, SANDRA M	
STREET ADDRESS	2428 NE 28TH ST	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	

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:

*Sandra M. Leathley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra M. LEATHLEY

Date

4-10-97

Daytime Phone #

954 979 9929

CR2E034 (9/96)