

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 992619
1. Corporation Name
L & M TRAVEL, INC., a Florida Corporation

Principal Place of Business Mailing Address
**L & M TRAVEL, INC. d/b/a PEMBROKE TRAVEL
7251 W. Palmetto Park Road, Suite 200
Boca Raton, Florida 33433**

2. Principal Place of Business 2a. Mailing Address
21 **7251 W. Palmetto Pk Rd** 26 **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 200** 27
City & State City & State
23 **Boca Raton, Florida** 28
Zip Country Zip Country
24 **33433** 25 **Palm Beach** 29

3. Date Incorporated or Qualified 3a. Date of Last Report
11/7/91 **10/31/94**

4. FEI Number Applied For
65-0295117 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
**CORPORATION INFORMATION SERVICES, INC.
1201 Hayes Street
Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent
81 Name **MARC I. FEIG, ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable)
8000 Peters Road
83 **Bldg. A, 2nd Floor**
84 City **Plantation, FL** 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0602 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 *Marc I. Feig* **MARC I. FEIG, ESQUIRE** **6/26/95**
Signature typed or printed name of registered agent with title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LEE MANDELBAUM
STREET ADDRESS		1.3 STREET ADDRESS	7365 Silverwoods Court
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Boca Raton, Florida 33433
TITLE		2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARSHA MELAMED
STREET ADDRESS		2.3 STREET ADDRESS	3962 N.W. 58th Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Boca Raton, Florida 33496
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Marsha Melamed* **MARSHA MELAMED, Vice President** **6-20-95** **407-368-8435**
Signature typed or printed name of signing officer or director Date (Continue Here)