FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 11

DOCUMENT # V17651 (3)

1. Corporation Name

WORLD CLASS TRAVEL OF ORLANDO, INC.

Principal Place of Business

27 E PINE ST
ORLANDO FL 32801

Mailing Address

~~P.O. BOX 616646~~
~~ORLANDO FL 32861-6646~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1992

3a. Date of Last Report: 07/27/1994

4. FEI Number: 59-3126069 — 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

2. Principal Place of Business
21: 27 E Pine St
Suite, Apt #, etc.
22:
City & State
23: Orlando, Fl
Zip 24: 32801 County 25: Orange

2a. Mailing Address
26: 27 E Pine St
Suite, Apt. #, etc.
27:
City & State
28: Orlando, Fl
Zip 29: 32801 County 30: Orange

9. Name and Address of Current Registered Agent

VINCIGUERRA, ALISON C.
7946 WELLSMERE CIRCLE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Alison C Vinciguerra
82 Street Address (P.O. Box Number is Not Acceptable): 27 E Pine St
83
84 City: Orlando FL 85 Zip Code: 32801

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: Alison C Vinciguerra [signature] 4/5/95

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	VINCIGUERRA, ALISON	1 2 NAME	
STREET ADDRESS	7946 WELLSMERE CIR.	1 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1 4 CITY ST ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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: [signature] Alison C Vinciguerra 4/5/95 4074268282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410285 FP