SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V22985** **(8)**

1. Corporation Name
TRAVELEZE OF AMERICA, INC.

Principal Place of Business	Mailing Address
20710 N.W. 29TH AVENUE BOCA RATON FL 33434	20710 N.W. 29TH AVENUE BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1992
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business	2a. Mailing Address
21 6001 Broken sound Pkwy	26 6001 Broken sound Pkwy
Suite, Apt. #, etc. 22 Suite 424	Suite, Apt. #, etc. 27 Suite 424
City & State 23 Boca Raton, Fl.	City & State 28 Boca Raton, Fl.
Zip / Country 24 33487 / 25 U.S.A.	Zip / Country 29 33487 / 30 U.S.A.

4. FEI Number: 65-0365564 ☐ 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	10. Name and Address of New Registered Agent
ARONOFF, SALLY 20710 N.W. 29TH AVENUE BOCA RATON FL 33434	81 Name: Aronoff, Sally 82 Street Address (P.O. Box Number is Not Acceptable): 6001 Broken Sound Pkwy. #424 83 84 City: Boca Raton FL 85 Zip Code: 33487

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: Sally Aronoff — June 30, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ARONOFF, SALLY	1.2 NAME	
STREET ADDRESS	20710 N.W. 29TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ARONOFF, EDWARD	2.2 NAME	
STREET ADDRESS	20710 N.W. 29TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	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	

CR2E034 (395)

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)(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: Sally Aronoff — June 30, 1995 — (407) 995-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098095 CP