## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998 DOCUMENT # DIVISION OF CORPORATIONS

TRAVELEZE OF AMERICA, INC.

(8)

**FILED** 

Mar 30 1998 8:00am

Secretary of State

Principa	al Place	of	Business
8001 B	ROKEN	80	UTH PKWY
SUITE	424		
BOCA	RATON	FŁ	33487
HS			

Mailing Address

6001 BROKE SOUTH PKWY SUITE 424

BOCA RATO	• • • • • • • • • • • • • • • • • • • •		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualified 03/19/1992			
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
	2 ST. ANDREWS	26 21313 57.	ANDREWS	65-0365564	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat		City & State	, ,,,	6. Election Campaign Financing	\$5.00 May Be		
23 POLI	9 KATON FL Country	28 BOCA KATO		Trust Fund Contribution	Added to Fees		
Zip → → →		Zip	Country U.S.A.	8. This corporation owes or has paid the co			
24 357	25 U.S.A. 9. Name and Address of Current	Registered Agent	9,3,7,	Personal Property Tax due June 30.	Yes No		
9. Name and Address of Current Registered Agent  ARONOFF, SALLY  81 Name Name							
CONTRICTION DIVING A404							
DOG BITON EL AGAGT				ress (P.O. Box Number is Not Acceptable)			
	OA HATOITTE OOTO		63 2/31	A ST. ANDREWS			
44 5			84 City Boc	A KADN FL			
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 Statute's.  SIGNATURE							
	Signature, typed or printed name of registered agent		egistered Agent signature requir				
12.	OFFICERS AND	DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN			
	ARONOFF, SALLY	LLI DELETE	1.1 TITLE		Change Addition		
NAME	20710 N.W. 29TH AVENUE		1.2 NAME				
STREET ADDRESS	BOCA RATON FL 33434		1.3 STREET ADDRESS				
CITY+ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition		
NAME	ARONOFF, EDWARD	C Dittell	2.2 NAME		Circulate Circulation		
STREET ADDRESS	20710 N.W. 29TH AVENUE	•	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELE <b>TE</b>	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME		•		
STREET ADDRESS		•	5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		J	6.4 CiTY-ST-ZIP		ĺ		

I 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing, or on an analysis of the corporation of the co 5T 1