


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

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Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V22985 (8) 1. Corporation Name TRAVELEZE OF AMERICA, INC.					
Principal Place of Business 6001 BROKEN SOUTH PKWY SUITE 424 BOCA RATON FL 33487 US			Mailing Address 6001 BROKE SOUTH PKWY SUITE 424 BOCA RATON FL 33487 US		
2. Principal Place of Business 21 21312 ST. ANDREWS Suite, Apt. #, etc. 22 City & State 23 BOCA RATON FL Zip 24 33433 Country 25 U.S.A.		2a. Mailing Address 26 21312 ST. ANDREWS Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip 29 33433 Country 30 U.S.A.		3. Date Incorporated or Qualified 03/19/1992 4. FEI Number 65-0365564 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARONOFF, SALLY 6001 BROKEN SOUND PKWY., #424 BOCA RATON FL 33487			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 21312 ST. ANDREWS 83 84 City Boca RATON FL 85 Zip Code 33433		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE P NAME ARONOFF, SALLY STREET ADDRESS 20710 N.W. 29TH AVENUE CITY-ST-ZIP BOCA RATON FL 33434 TITLE VP NAME ARONOFF, EDWARD STREET ADDRESS 20710 N.W. 29TH AVENUE CITY-ST-ZIP BOCA RATON FL 33434 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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