

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995****FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS****APPROVED  
AND  
FILED****95 APR 27 PM 1:42****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****DOCUMENT # V58295 (9)**

1. Corporation Name

**TRAVEL COMPANIONS OF SOUTH FLORIDA, INC.**

Principal Place of Business

**1515 NORTH FEDERAL HWY  
SUITE 300  
BOCA RATON FL 33432**

Mailing Address

**1515 NORTH FEDERAL HWY  
SUITE 300  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/14/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0359873**

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**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

**ALLEN, SUSANA  
5976 COLONY COURT  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL****85**

Zip Code

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 this filing agent)

(NOTE: Registered Agent's signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**D  
ALLEN, SUSANA  
5976 COLONY COURT  
BOCA RATON FL**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP☐ Change ☐ Addition21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP☐ Change ☐ Addition31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP☐ Change ☐ Addition41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP☐ Change ☐ Addition51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP☐ Change ☐ Addition61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP☐ Change ☐ Addition

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 110.07(1)(b), 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 it would 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:

**Susana Allen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/24/95 (407) 393-6448**  
Date