PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 630987

1. Corporation Name

SARASOTA TRAVEL CORP.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 044 ***158.75



								ALDI: Dibi: Lab
Principal Place of Business Mailing Address								
307 SO. ORANGE AVE. 307 SO. ORANGE AVE.								
SARASOTA FL 34236-3803 SARASOTA FL 34236-3803			FL 34236-3903			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	HIS SPACE	
		0- 14-11	8 d dua			07/27/1979 4. FEI Number		plied For
├ ── '	lace of Business	<u> </u>	2a. Mailing Address			I		ot Applicable
21		26				59-1925084		Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22		27 City 8 S	7 City & State			2 Floris 2 and Florida		
City & State	9 ;	h1				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		Zip Country			This corporation owes the current year	• • • • • • • • • • • • • • • • • • • •	1000
	25	29	30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	3. Isame and Addition of Garter	in Regional Ag		81	Name			
HYSELL, RICHARD W								
307 SO. ORANGE AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		ţ.
SARASOTA, FLORIDA				83				
3423	6-3803							
				84	City	Į	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.								1
SIGNATURE Statistics, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO)RS IN 12
TITLE	PTD		DELETE	1.1 TITLE			Change	Addition
NAME I	HYSELL, RICHARD W			1.2 NAME				
STREET ADDRESS	307 S ORANGE AVE			1.3 STREE	TADORESS			
CITY-ST-ZIP	SARASOTA, FL 00000 1.4		1.4 CITY-S	T-ZIP				
TITLE	D		☐ DELETE 2.1 TI		T		☐ Change	Addition
NAME	HYSELL, RICHARD G		2.2 NAME					
STREET ADDRESS			2.3 STREET	TADDRESS		نقبين وسينضرم		
CITY-ST-ZIP	A CONTRACTOR OF THE PROPERTY O		2.4 CITY-5	ST-ZIP				
TITLE			3.1 TITLE			☐ Change	Addition	
NAME	HYSELL, LAURA K		3.2 NAME				1	
STREET ADDRESS			3.3 STREET	TADORESS				
CITY-ST-ZIP	SARASOTA, FL 00000 3.4.		3.4. CITY-5	ST-ZIP				
TITLE	VSD			4.1 TITLE			☐ Change	Addition
NAME .	HYSELL, PATRICIA E 4.2		4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS		•		
CITY-ST-ZIP ^	SARASOTA FL			4.4 CITY-S	T-ZIP			
TITLE				5.1 TITLE			☐ Change	☐ Addition
NAME I			i	5.2 NAME	- (
STREET ADDRESS			1	5.3 STREE	T ADDRESS)
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 6.1		6.1 TITLE			Change	Addition	
NAME			1	6.2 NAME	}			
STREET ADDRESS				6.3 STREE	T ADDRESS			ļ

14. 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 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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 941-957-488

Daytime Phone #

2E034 (1,1/98)_

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