ī	125 110 111					
	PROFIT DRPORATION NUAL REPORT 1997		FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	<b>Mortham</b> of State	Port Laboratory	
DOCI	<del></del>	349388			98 NOV -9 PM 3: 01	
1. Corporat	ion Name	•		-	SECRETARY OF STATE	
FA	NTAST.	IC TRAV	el agei	UCY, IN	TĂLLĂHĂSSEE FLORIDA	
Principal Pla	ace of Business	Mail	ing Address	<u> </u>	-	
909	SUDI	22 aue.,	Michai	7 22184		
,0 1	500 )		radin,	PC 50191		
					3. Date Incorporated or Qualified 3a. Date of L	ast Heport
—	Place of Business	<del> </del> 7	Mailing Address	-	4. FEI Number	Applied For
Suite. Ap	t. #, etc	26	Suite, Apt. #, etc.		59 - 03 00165 [ \$8.	Not Applicable 75 Additional
22		27	Sit. 2 Ot-1		5. Certificate of States Desired Fr	e Required
City & Sta	ile	28	City & State			.00 May Be ided to Fees
Zip	Cour	itry 2	Zip .	Country	8. This corporation has liability for intangible tax uniform Florida Statutes Yes No	der s. 199.032.
24	9. Name and Add	29   ress of Current Registe	red Agent		Florida Statutes Yes No.  10. Name and Address of New Registered Agent	
5	RABLO C	orredor		81 Name		
•	3630 I	rustison	Dr.	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	Octobril	00.10	7 3312	83		
•	TUCON+	Grove, F		84 City	FL  85	Zip Code
11. Pursuan	t to the provisions of Se	ctions 607.9302 ang 607	.1508, Florida Statutes,	the above-named corp		ing its registered
office.or agent. I	registered agent, or bo am familiar with, and ag	th, in the State of Morida Lept the doligations of, S	, Such change was aut Section 607.0505, Florid	norized by the corporati la Statutes.	oration submits this statement for the purpose of chang on's board of directors. I hereby accept the appointmen	nt as registered
SIGNATURE	Signature typed y printed n	mulai registyred agent and title il a	pplicable. (NOTE, A	ogistored Agent signature require	d when reinstating) DATE	
12.	Der	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE NAME	zennifer	- lewis	DELETE	1 TITLE 12 NAME	8000026838	484
STREET ADDRESS		Hison Dr.	7 70 0-	1 3 STREET ADDRESS	-11/10/98010	10003 ***315.00
CITY-ST-ZIP TITLE	COCONUH	G1006, +	L 33133	1.4 CITY-ST-ZIP 2.1 TITLE	****315.00 *	9 at 1
NAME	WP CC	rredor		22 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	3630 54	orredor Stizon Dr. Grove, F		2 3 STREET ADDRESS		í
CITY-ST-ZIP	COCONUN	Grove, F	C 23133	2 4 CITY - ST - ZIP 3 1 TITLE	Cha	nge Addition
NAME	}		_ scare	32 NAME		ige [] Addition
STREET ADDRESS				3.3 STREET ADDRESS		
CITY - ST - ZIP			Doreste.	3 4. CITY - ST - ZIP		000   1000
TITLE NAME			L DELETE	4 1 TITLE 4. 2 NAME	☐ Cha	nge L. Addition
STREET ADDRESS				4.3 STREET ADDRESS		
Carry ST-ZIP		•		4 4 CITY - ST - ZIP		·
TITLE NAME			L_i DELE1⊧	5 3 HITLE	L_J Chai	nge 📙 Addition
name Street address				5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP				5.4 CITY - ST - ZIP		
			☐ DELETE	6 1 TITLE	Chai	ige Addition
				62 NAME		1
TITLE NAME STREET ADDRESS				1		l
				63 STREET ADDRESS 64 CITY-ST-ZIP		

Daytime Phone #

SIGNATURE: SCHATGRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV-18-03 Sign of 45 in the control of the control

DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

FANTASTIC TRAVEL AGENCY, INC. DOC.# G49388

TO WHOM IT MAY CONCERN:

ENCLESED YOU WILL FIND A CHECK FOR \$315.00 TO CEVER THE 1997-98 ANNUAL REPORT. INEVER RECIEVED THE FORM DO TO A CHANGE OF ADDRESS. PLEASE ACCEPT THIS PAYMENT TO COVER THE ANNUAL REPORT FEES. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER THAT IS VERY IMPORTANT TO ME.

TRULY YOURS, JENNIFER LEWIS PRESIDENT