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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

SIGNATURE

(3)

PROFESSIONAL TRAVEL MANAGEMENT INC-

Principal Place of Business Mailing Address 195 S.W. 15TH RD., SUITE 403 MIAMI FL 33129 195 S.W. 15TH RD., SUITE 403 MIAMI FL 33129

FILED Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/13/1985

Ĺ					08/13/1985			
2. Principal F	Incipal Place of Business 2a. Mailing Address				4. FEI Number	A	Applied For	
21	26				59-2567963	N	lot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the			
24	25	29	30	•	Personal Property Tax due June 30.		□ No	
	9. Name and Address of Current	Registered Agent	,		10. Name and Address of New Registe	red Agent		
E	BALKIN, RALPH	·	8	1 Name				
195 S.W. 15TH RD., SUITE 403				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33129			0	62 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84 City 85 Zip Code				
				1		F <u>L</u>] `		
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligat	and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the abo authorized to orida Statut	ve-named cor by the corpora es.	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing i appointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI	E. Registered A	gent signature requ	uited when reinstating) DA	TE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	DPT	DELETE	1.1 TITLE			Change	RS IN 12 Addition	
NAME	BALKIN, RALPH		1.2 NAME	:]			-	
STREET ADDRESS	11005 S.W. 123 PLACE		1.3 STRE	T ADDRESS			13	
CITY - ST - ZIP	A 31 A 3 11 C 1		1.4 CITY	ST-ZIP			13	
TITLE	VS	DELETE	2.1 TITLE		VS	Change	Addition C	
NAME	WALKER, GRACE		2.2 NAME	: G	PRACE LANG		ĺ	
STREET ADDRESS	0		2.3 STREE	T ADDRESS 6	29 GLENEDGE ROAD		İ	
CITY-ST-ZIP	KEY BISCAYNE FL		2. 4 CITY	-ST-ZIP	29 GLENRINGE ROAD LEY BISCAYNE FL .		ì	
TITLE	DELETÉ 3.		3,1 TITLE			Change	Addition	
NAME			3,2 NAME	· •			İ	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	}		3.4. CITY	-ST-ZIP			ſ	
TITLE	DELETE 4.		4.1 TITLE			Change	Addition	
NAME			4. 2 NAMI	: [Į	
STREET ADDRESS			4.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS	•		5.3 STREE	T ADDRESS			ļ	
CiTY-ST-ZIP			5.4 CITY -	ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				j	
STREET ADDRESS			6.3 STREE	T ADDRESS			Ţ.	
GITY-ST-ZIP]		6.4 CITY-	ST-ZIP				
14. I hereby c	certify that the information supplied with	this filing does not qualify for	r the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I furthe ure shall have the same legal effect as if made	r certify that the	information	
officer or o	director of the corporation or the receiv	amina, report is true and acct ver or trustee empowered to e	male and this execute this	report as req	uire shall have the same legal effect as it made juired by Chapter 607, Florida Statutes; and th	nat my name ap	pears in	