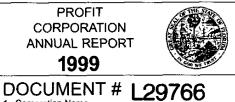
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90042 008 \*\*\*150.00

COLLIER	TRAVEL, INC.					
Principal Place	e of Business	Mailing Address			יופוס ווגם שוונם איססו וגופו פוסוו שום וגעווטקו נ	ישטי יוסוק ווקוק וותנט וושום וומום
2830 NORTH TAMIAMI TRAIL 2830 TAMIAMI TR NORTH						
NAPLES FL 34103 NAPLES FL 34103						
US US					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
			_		11/13/1989	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21					NOT APPLICABLE	Not Applicable
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	p Country Zip Cou				8. This corporation owes the current year I	
24	25	·	0		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren	t Registered Agent		Marra	10. Name and Address of New Registere	a Agent
000	CIN IOCEDU		81	Name		
GOGGIN, JOSEPH # 4 WEST PELICAN, ISLES OF CAPRI				Street Add	dress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34113			_			
INAFI	LES FL 34113		83	İ		
			84	City		85 Zip Code
					F	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Floric	horized by la Statutes	the corporate	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as registered
	Signature, typed or printed name of registered ager		<del></del>	nt signature require	red when reinstating) DATE	ND DIDECTORS IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PD	☐ DELETE	1.1 TITLE			
NAME			1.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change Addition
TITLE	VPSD	☐ DELETE	2.1 TITLE			Cliaride Clycomon
NAME			22 NAME	1		
STREET ADDRESS	200 200 11 11 11 11 11		2.3 STREE	TADDRESS		
CITY-ST-ZIP			2.4 CITY-9	ST-ZIP		☐ Change ☐ Addition
TITLE			31 TITLE	Ì		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS [		
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP_		☐ Change ☐ Addition
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP	L		4.4 CITY-S	T-ZIP		
TITLE	·		5.1 TITLE	]		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	☐ DELETE 6.1 T		6.1 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS 63 S			63 STREE	TADDRESS		
OWN OF THE			6.4 CITY-S	T-ZIP		

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: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR