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**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-25-1999 90053 039 \*\*\*150.00

DOCUMENT # **M68477**

1. Corporation Name  
**B & I TRAVEL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 % IRENE JANE DARMSTADT % IRENE JANE DARMSTADT  
 10737 FILLMORE AVE. 10737 FILLMORE AVE.  
 PORT RICHEY FL 34668 PORT RICHEY FL 34668

3. Date Incorporated or Qualified  
**02/09/1988**

4. FEI Number  
**65-0097069**

5. Certificate of Status Desired  Applied For  Not Applicable   
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**DARMSTADT, IRENE JANE**  
**10737 FILLMORE AVE.**  
**PORT RICHEY FL 34668**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D**  
**DARMSTADT, IRENE JANE**

STREET ADDRESS **10737 FILLMORE AVE.**

CITY-ST-ZIP **PORT RICHEY FL**

TITLE  DELETE

NAME **D**  
**DARMSTADT, WILLIAM E.**

STREET ADDRESS **10737 FILLMORE AVE.**

CITY-ST-ZIP **PORT RICHEY FL**

TITLE  DELETE

NAME **D**  
**DARMSTADT, IRENE JANE**

STREET ADDRESS **10737 FILLMORE AVE.**

CITY-ST-ZIP **PORT RICHEY FL**

TITLE  DELETE

NAME **D**  
**DARMSTADT, IRENE JANE**

STREET ADDRESS **10737 FILLMORE AVE.**

CITY-ST-ZIP **PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 Irene J. Darmstadt DATE 1-5-99  
 Signature and typed or printed name of signing officer or director Daytime Phone # (727) 862-3257

CR2E034 (1/198)