**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # M87875

GOOD FRIENDS TRAVEL SERVICE, INC.

**FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90004 048 \*\*\*150.00



Principal Place	n of Business	Mailing Address				4 (Mittell) (B) 18(1) 1884) 1904 (Best Aus ander areas and areas and areas			
'		2326 N. HWY A1A				}			
2326 N. HWY A1A INDIALANTIC FL 32903 US		INDIALANTIC FL 32903 US				DO NOT WRITE IN THIS SPACE			
02		US				3. Date Incorporated or Qualifed			
i						06/29/1988			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
<del></del>	ace of observes	26	7			59-2901176		Not Applicable	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	5 Additional	
22	27	_			5. Certificate of Status Desired	Fee	Required		
City & State	8	City & State				6. Election Campaign Financing	\$5.0	May Be	
23	_	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in	tangible	\	
24	[25]	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current			Ī		10. Name and Address of New Registered	Agent		
				81	Name			Į.	
PER	SON, ARTHUR B					C C North and a Mark Amendalia			
	S SO RINVERSIDE DR		82 Street Add		Street Addr	ress (P.O. Box Number Is Not Acceptable)			
INDIANATLANTIC FL 32903				83			<del></del>		
".0"				[			_,		
[				84	City	Fi	85 Z	ip Code	
				$\perp \perp$			- L	ite conistered	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut Florida, Such channa was a	es, the a uthorized	bove bv t	-named corp he corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	ntment as	registered	
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Slat	utes.	J. J	on's board of directors. I hereby accept the appo			
SIGNATURE								]	
SIGNATURE	Signature, typed or printed name of registered agent			I Agent	signature require	d when reinstating) DATE		TODO IN 40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	☐ Chang		
TITLE	P	☐ DELETE	1.1 TI	1.1 TME					
NAME	BEVERSTEIN, PATRICIA J.		12N	AME.	1			ļ	
STREET ADDRESS	1345 N HWY A1A UNIT 603		1.3 5	TREET.	ADORESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 C	TY-ST	-ZP				
TITLE		DELETE	2.1 Ti	TLE		•	Chang	Addition o	
NAME			22 N	AME.	ĺ			[	
STREET ADDRESS			235	TREET.	ADDRESS				
		•		TY-ST		·			
CITY-ST-ZIP			3 1 TI		-		Chang	pe Addition	
TITLE		<u></u>	32 N					l	
NAME	ĺ				Annocee			1	
STREET ADDRESS	ĺ				ADDRESS			ſ	
- CITY-ST-ZIP		Ti perem	4.1 7	1TY-51	- 202		- [7] Charc	Addition	
TITLE		( DELETE			į	- <del></del>			
NAME	1		4.2 N					1	
STREET ADDRESS			4.3 S	TREET	ADDRESS			İ	
CITY-ST-ZIP			_	ITY-ST	-ZIP		<u> </u>	ge ∑) Addition	
TITLE	<u> </u>	☐ DELETE	5.1 Ti		1		Chang	ן יוטמעאניי שני	
NAME			52 N	AME		• • •		1	
STREET ADDRESS	}		5.3 \$	TREET	ADDRESS			]	
CITY-ST-ZIP	1		5.4 C	TY-\$T	- Z)P	<u> </u>			
TITLE		☐ DELETE	51 Ti	πE			☐ Chang	ge Addition	
NAME	1.		62 N	AME	Į.			l	
STREET ADORESS	[		6.3 \$1	TREET.	ADDRESS			ì	
				ITY-ST	1				
CITY-ST-ZIP	l					Section 119.07(3)(i), Florida Statutes. I further ce	416 - 45 - A 45	- info-mation	

t nersely certify that the information supplied with this thing does not quality for the exemption state in Section 118.07(3)(i), Fortula statutes, the latest with that I am an indicated on this annual report or suppliemental 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in