

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P29097 (3)
 1. Corporation Name
THE MARK TRAVEL CORPORATION



Principal Place of Business 8907 NORTH PORT WASHINGTON ROAD MILWAUKEE WI 53201-1460 US	Mailing Address 8907 NORTH PORT WASHINGTON ROAD MILWAUKEE WI 53201-1460 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1990	
21	26	4. FEI Number 36-3245217		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPENCER, MICHAEL 7200 LAKE ELLENOR DR SUITE 100 ORLANDO, 32809				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAMACCHIA, WILLIAM E.			1.2 NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIDDERS, KAREN			2.2 NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOMMERHAUSER, PETER M.			3.2 NAME			
STREET ADDRESS	780 N. WATER STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAMACCHIA, SHARON L.			4.2 NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOMMERHAUSER, PETER M.			5.2 NAME			
STREET ADDRESS	780 N. WATER STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Karen Siders* **REQUIRED** *1/6/98* *414-934-2470*

CR2E034 (10/97)