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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90069 023 \*\*\*150.00

10/2/98

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P29097**

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

3. Date Incorporated or Qualified  
**04/27/1990**

4. FEI Number  
**36-3245217**

5. Certificate of Status Desired  **\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**SPENCER, MICHAEL**  
**7200 LAKE ELLENOR DR**  
**SUITE 100**  
**ORLANDO, 32809**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMACCHIA, WILLIAM E.</b>	
STREET ADDRESS	<b>8907 N PT WASHINGTON RD</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SIDDERS, KAREN</b>	
STREET ADDRESS	<b>8907 N PT WASHINGTON RD</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOMMERHAUSER, PETER M.</b>	
STREET ADDRESS	<b>780 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMACCHIA, SHARON L.</b>	
STREET ADDRESS	<b>8907 N PT WASHINGTON RD</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOMMERHAUSER, PETER M.</b>	
STREET ADDRESS	<b>780 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Katherine Harris* SIGNATURE REQUIRED 1/13/99 414-934-2470  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)