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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000100932 (7)

TRAVEL TO THE EXTREMES, INC.

						ļ				
Principal Place of Business Mailing Address							i na balada ina idila labah bash adili	BRIDI II DIL BRII	(1 <b>68</b> /1 <b>8</b> 10/160 (1	ING TOT MOT
945 BEACH RD PO BOX 1596										
SAMBEL ISL	AND FL 33957	SANIBEL ISLAND FL 33957				DO NOT WRITE IN THIS SPACE				
							ate Incorporated or Qualifie	t		
							<u>12/01/1997                                  </u>			
2. Principal Place of Business 2a. Mailing Add			dress	∋ss			El Number			oplied For
21		26				02	5-0797804			ot Applicable
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.			<b>5</b> , C	ertificate of Status Desired			Additional equired
City & State	e		City & State			<b>6</b> . E1	lection Campaign Financing		\$5.00	May Be
23		28					rust Fund Contribution		Added	
Zip	Country	Ζιρ		Country		8. Tr	his corporation owes or has	paid the cur	rrent year Int	tangible
24	25 29 3			0		P6	Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. N	lame and Address of New	Registered	Agent	
BO	A <b>RD</b> MAN, JANINE			81	Name					
945 <b>B</b> EACH RD					Street A	idress (P.O	. Box Number is Not Accept	able)		
SANIBEL ISLAND FL 33957						(, ,				
				84	City			FL	85 Zip	Code
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed mank of registered as					Quired when reli		DATE		
12.		ND DIRECTORS		13.			DITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
TITLE	D DELETE		DELETE	1.1 TITLE					Спапре	Addition
NAME	BOARDMAN, JANINE		1.2 NAME							
STREET ADDRESS	945 BEACH RD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	<b>\$ANIBEL ISLAND FL 33957</b>			1.4 CITY-S	T-ZIP					
TITLE	······································			2.1 TITLE			······································		Change	Addition
NAME	BOARDMAN, JANINE			2.2 NAME	ł					
STREET ADDRESS	945 BEACH RD			2.3 STREET	ADDRESS					
CITY-ST-ZIP	SANIBEL ISLAND FL 33957			2. 4 CITY - S	1-21P					
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3 3 STAEET	ADDRESS					1
CITY-ST-ZIP				3 4. CITY - S	T-ZIP					
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - ST	T-ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME	ļ					
STREET ADDRESS				5.3 STREE1	ADORESS					
CITY ET 710				C + DITY C						

14. Thereby 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 13 if chapaged, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE. GAMME BOARDON

NAME

STREET ADDRESS

CITY-ST-ZIP

4/21/98 (941)472-6363

**FILED** 

May 06 1998 8:00am

Secretary of State