PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name TRAVEL TO THE		_	0932				
Principal Place of Business 945 BEACH RD SANIBEL ISLAND FL 33957		Mailing Address PO BOX 1596 SANIBEL ISLAND FL 33957					
2. Principal Place of Bus 21 Suite, Apt. #, etc.	iness	2a. 26	Mailing Address Suite, Apt. #, etc				
		27					
City & State		28	City & State				
Zip Country			h			puntry	
24 9 Nam	25	29	tered Arrent	30			
Name and Address of Current Registered Agent						Name	
BOARDMAN, JANINE 945 BEACH RD						Street Addr	
SANIBEL ISLA	ND FL 33957				83		

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90142 035 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required -**\$5.00** May Be

Added to Fees

☐ Yes

□N₀

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

12/01/1997 4. FEI Number

65-0797804

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								
			81	Name								
BOARDMAN, JANINE			82	32 Street Address (P.O. Box Number is Not Acceptable)								
945 BEACH RD			02	Ollege	Address (1.0. Box Hallison is Hot / Gooplasis)							
SANIBEL ISLAND FL 33957			83				ļ					
	·					as Zin	Code					
	•		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	DELETE	1.1 TITLE			Change	☐ Addition					
NAME	BOARDMAN, JANINE	_	1.2 NAME									
STREET ADDRESS	945 BEACH RD		1.3 STREET	ADDRESS			}					
* '	SANIBEL ISLAND FL 33957		1.4 CITY-ST				ſ					
CITY-ST-ZIP TITLE	PVST	□ DELETE	2.1 TITLE			Change	☐ Addition					
	BOARDMAN, JANINE		22 NAME			•	-					
NAME	945 BEACH RD		2.3 STREET ADDR									
STREET ADDRESS	SANIBEL ISLAND FL 33957	_	2.4 CITY-ST-ZIP		*		-					
CITY+ST-ZIP	SANIBEL ISLAND FL 33937	□ DELETE	3.1 TITLE	1-21		☐ Change	· Addition					
TITLE		La DECETE	3.2 NAME				_					
NAME				4000000								
STREET ADDRESS			3.3 STREET									
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition					
TITLE		C) Detere										
NAME			4. 2 NAME				Ì					
STREET ADDRESS			4.3 STREET	ADDRESS		•						
CITY-ST-ZIP		D BCI ETE	4.4 CITY-S	- ZIP			Addition					
गारिष्ट		☐ DELETE	5.1 TITLE	1		☐ Change	Audition					
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET	i i			Į.					
CITY-ST-ZIP			5.4 CITY-S	i-ZIP								
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition					
NAME			6.2 NAME									
STREET ADDRESS	医科内部 6 7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		6.3 STREET	1								
CiTY-ST-ZIP.: 3	12 10 1 N		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 man appears in Block 12 or Block 13 it exampled, or on an attachment with an address, with all other like empowered. SIGNATURE: **TANINE BOARDMAD** - PRES.** 4/15/99 472-25/1												
JUNAI	URE: / //W/ WVC VOU	JULIVIOLE CONTRACTOR	* * * * * * * * * * * * * * * * * * * *	21		, ,,53	-, -, ,					