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PROFIT CORPORATION ANNUÀL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$44982**

1. Corporation Name

R & R TRAVEL, INC. OF SOUTH FLORIDA

Principal Place	e of Business	Mailing Address				i ibbitbio ili bibli dibio i		il aleli bibli biali b	ibii bibii ibbi
6635 WEST COMMERCIAL BLVD.		6635 WEST COMMERCIAL BLVD.			ļ				
STE - 109		STE - 109							•
TAMARAC FL 33319-2141		TAMARAC FL 33319-2141			DO NOT WRITE IN THIS SPACE				
US		US				Date Incorporated or Qua	alifed		}
						04/12/1991			
2. Principal Pl	ace of Business	2a. Mailing Address				FEI Number		~	olied For
21		26				<u>65-0253922 </u>	W 10		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.] 5.	Certifcate of Status Desir	red 🗆	\$8.75 A	
22		27						Fee Re	
City & State		City & State			- 1	Election Campaign Finan	icing 🖂	\$5.00	
23		28			——— —	Trust Fund Contribution		Added to	o Fees
· ·	Zip Country Zip		Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29 30	<u>) </u>			Personal Property Tax. Name and Address of N	Name Bagisters		
	9. Name and Address of Current	Registered Agent	81	Name	10.	Name and Address of I	vew Registere	a Agent	
്രജ	PORATION INFORMATION SERVI	CES INC	(8)	Name					
		82 Street Add		Address (P.	O. Box Number is Not Ad	cceptable)			
1201 HAYES STREET TALLAHASSEE FL 32301							· .		
IALL	ANASSEE PE S2501		83		,				
			84	City		<u></u>		85 Zip C	Code
	78.0	<u>-</u>		<u> </u>			F		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, f Florida, Such change was auth	the above orized by	e-named the corp	corporation oration	i submits this statement to ard of directors. I hereby	or the purpose accept the apr	or changing its pointment as reg	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.				-	-
SIGNATURE									
<u> </u>	Signature, typed or printed name of registered agent	, , , , , , , , , , , , , , , , , , , ,		nt signature i	required when re		DATE	AND DIRECTO	DS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature i		einstating) ADDITIONS/CHANGES T			
<u> </u>	OFFICERS AND	, , , , , , , , , , , , , , , , , , , ,	13. 1.1 TITLE	nt signature i				AND DIRECTO	RS IN 12
12.	PD REGITT, JEFFREY	DIRECTORS	13. 1.1 TITLE 1.2 NAME		A	ADDITIONS/CHANGES T			
12.	OFFICERS AND PD REGITT, JEFFREY 6635 W.COMMERCIAL BLVD.	DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature	A	ADDITIONS/CHANGES T			
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

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.