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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M68477 (2) B & I TRAVEL, INC. Principal Place of Business Mailing Address % IRENE JANE DARMSTADT % IRENE JANE DARMSTADT 10737 FILLMORE AVE. 10737 FILLMORE AVE. DO NOT WRITE IN THIS SPACE PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Date incorporated or Qualified 02/09/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0097069 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Zìο Country 8. This corporation owes or has paid the current year Intangible Z Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DARMSTADT, IRENE JANE 10737 FILLMORE AVE. Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change DARMSTADT, IRENE JANE NAME 1.2 NAME 10737 FILLMORE AVE. STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE 2.1 TITLE ___ Change Addition DARMSTADT, WILLIAM E. NAME 2.2 NAME 10737 FILLMORE AVE. STREET ADDRESS 2.3 STREET ADDRESS PORT RICHEY FL 2. 4 CITY-ST-ZIP CMY-ST-ZIP DELETE 31 TITLE Change Addition TITI F NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4, CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITI F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

R2E034 (10/97

Addition

Change