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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 431747

1. Corporation Name

BTM TRAVEL GROUP, INC.

Principal Place	e of Business	Mailing Address			i iffili fishek met men seen			., 5,6,, 8,8,, 100,
11052 SATELLITE BLVD.		11052 SATELLITE BLVO.						
REGENCY INDUSTRIAL PARK		REGENCY INDUSTRIAL PARK ORLANDO FL 32837			DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32837				<u> </u>	3. Date Incorporated or Qualifed			
					07/27/1973			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			<u>59-1482614</u>			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		•	Additional
22		27						Required
City & State	e	City & State			6. Election Campaign Financin	<sup>lg</sup> □		O May Be
23		28	Country		Trust Fund Contribution			a to rees
Zip	Country	Zip 30	Country		<ol><li>This corporation owes the corporation owes the corporation owes the corporation.</li></ol>	urrent year in	Yes	□No
24	9. Name and Address of Current	<u> </u>	<u> </u>	1	0. Name and Address of Nev	v Registered		
	s. Name and Address of Current	Registered Agent	81 1	Name	o. Hame and planted or the		<u> </u>	
BAR	CO, CARROLL S.			•				
11052 SATELLITE BLVD.			82 5	Street Address (P.O. Box Number is Not Acceptable)				
REGI	ENCY INDUSTRIAL PARK		83					
ORL	ANDO FL 32837							
			84 (	City		FL	_  85   Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above-n	named corporat	ion submits this statement for t	he purpose o	changing	its registered
office or re							inument as	registered
agent Lar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	e corporation s	board of directors, I hereby do	cop. me oppe		
agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	e corporation s	board of directors, I hereby acc	oopi iiio oppo		
agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida	Statutes.	e corporation s	en reinstating)	DATE		
agent. I ar SIGNATURE 12.	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable (NOTE: Regi	Statutes. pistered Agent signal	ignature required whe	en reinstating)  ADDITIONS/CHANGES TO (	DATE	ND DIREC	TORS IN 12
agent. I ar	m familiar with, and accept the obligati  Signature, typed or printed name of registered agent  OFFICERS AND  VM	ons of, Section 607.0505, Florida and title if applicable (NOTE: Regi	statutes.  istered Agent signal  1.1 TITLE	ignature required who	en reinstating) ADDITIONS/CHANGES TO (	DATE OFFICERS A	ND DIREC	TORS IN 12
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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 justee 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 execution of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR