

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90013 047 ***550.00

DOCUMENT # **484889**

1. Corporation Name
TRAVEL MATE, INC.

Principal Place of Business

1001 N. AMERICA WAY
SUITE 106
MIAMI FL 33132

Mailing Address

1001 N. AMERICA WAY
SUITE 106
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1975

4. FEI Number

59-1716863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip

Country

4

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LINDBERG, LARUE
575 NE 127TH ST
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

1. OFFICERS AND DIRECTORS

1.1	PD	<input type="checkbox"/> DELETE
1.2	LINDBERG, LARUE	
1.3	575 NE 127 STR	
1.4	NORTH MIAMI FL	
2.1	VD	<input checked="" type="checkbox"/> DELETE
2.2	ANDERSON, BRUCE D	
2.3	1234 S.E. 12TH WAY	
2.4	FT LAUDERDALE FL	
3.1	STD	<input type="checkbox"/> DELETE
3.2	LINDBERG, DAVID	
3.3	2700 N. HAYDEN ROAD	
3.4	SCOTTSDALE AZ	
4.1		<input type="checkbox"/> DELETE
4.2		
4.3		
4.4		
5.1		<input type="checkbox"/> DELETE
5.2		
5.3		
5.4		
6.1		<input type="checkbox"/> DELETE
6.2		
6.3		
6.4		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD, STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDBERG, LARUE	
1.3 STREET ADDRESS	575 NE 127 STR	
1.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD, TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDBERG, DAVID	
3.3 STREET ADDRESS	2700 N. Hayden Road	
3.4 CITY-ST-ZIP	SCOTTSDALE, AZ	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Larue Lindberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 05/99 (305) 358-0942
Date Daytime Phone #

CR2E034 (5/99)