**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 542971

1. Corporation Name

VRB TRAVEL, INCORPORATED

						I BIJA BABAH BIGIH BABAH I		
Principal Place	e of Business	Mailing Address						
220 LIVE OAK WAY 220 LIVE OAK WAY								
VERO BEACH FL 32963			VERO BEACH FL 32963		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed		· · · ·		
					08/15/1977			
		10.04%			4. FEI Number	LAS	plied For	
2. Principal Pla	ace of Business	2a. Mailing Address				<u> </u>	·	
21		26			59-1795180		t Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27					<del></del>	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·	
23		28			Trust Fund Contribution	Added t	io rees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		<b>S</b>	
24	25		30		Personal Property Tax.		<b>X</b> No	
	9. Name and Address of Currer	nt Registered Agent			10., Name and Address of New Registe	red Agent		
				Name				
HOUPT, JOANN U.			-	32 Street Ad	idress (P.O. Box Number is Not Acceptable)			
220 LIVE OAK WAY								
VERO BCH FL 32963				B3		•	* > 34	
					in the second	05 7:0	Code	
				B4 City		FL 85 Zip (	Code	
11 Dureuant t	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the ab	ove-named co	orporation submits this statement for the purpos	e of changing its	registered	
Office or re	edistered agent of both in the State	of Florida. Such change was au	monzea	by the corpora	ation's board of directors. I hereby accept the a	ppointment as re	gistered	
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statu	es.				
SIGNATURE		, and the second	Desintered (	and signature serv	uired when reinstating) DATI	=		
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	deur ziðnarnse radn	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	
12.	OFFICERS AF	AD DIRECTORS			1.88111011010111 41020 10 01 1 1 0 0 1 1			
	DOT	DELETE	1 1 TIT	F !		Change	Addition	
TITLE	DST	☐ DELETE	1,1 TITL			Change	Addition	
NAME	HOUPT, JOANN U	☐ DELETE	1.2 NAM	1E		☐ Change	Addition	
	HOUPT, JOANN U 220 LIVE OAK WAY	☐ DELETE	1.2 NAM 1.3 STF	ME EET ADDRESS		☐ Change	Addition	
NAME	HOUPT, JOANN U 220 LIVE OAK WAY VERO BCH FL		1.2 NAM 1.3 STF 1.4 CIT	ME EET ADDRESS /-ST-ZIP			_	
NAME STREET ADDRESS	HOUPT, JOANN U 220 LIVE OAK WAY	DELETE	1.2 NAM 1.3 STF	ME EET ADDRESS /-ST-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HOUPT, JOANN U 220 LIVE OAK WAY VERO BCH FL		1.2 NAM 1.3 STF 1.4 CIT	EET ADDRESS /-ST-ZIP			_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOUPT, JOANN U 220 LIVE OAK WAY VERO BCH FL DP		1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM	EET ADDRESS /-ST-ZIP			_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HOUPT, JOANN U 220 LIVE OAK WAY VERO BCH FL DP HOUPT, DONALD 220 LIVE OAK WAY		1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF	EET ADDRESS /-ST-ZiP £	·	☐ Change	Addition	
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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 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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90013 049 \*\*\*150.00