

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-12-1999 90049 001 \*\*\*150.00

DOCUMENT # 587156

1. Corporation Name  
HAPPY HOLIDAY TRAVEL, INC.

Principal Place of Business  
2550 NE 15 AVENUE  
WILTON MANORS FL 33305

Mailing Address  
2550 NE 15 AVENUE  
WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1978

4. FEI Number

59-2038965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 830 NW 81st Ave

Suite, Apt. #, etc.

22

City & State

23 PLANTATION FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 830 NW 81st Ave

Suite, Apt. #, etc.

27

City & State

28 PLANTATION FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

BOSTWICK, HAZELYN A.  
2550 NE 15 AVENUE  
WILTON MANORS, FL  
33305

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

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

*Hazelyn A. Bostwick*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

21 March 1999

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE  
NAME BOSTWICK, HAZELYN A.  
STREET ADDRESS 830 NW 81ST AVE  
CITY-ST-ZIP PLANTATION FL

TITLE TD ☐ DELETE  
NAME ABRAMS, MARILYN A.  
STREET ADDRESS 3912 NW 36 WAY  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☐ DELETE  
NAME SOBERS, SHERILYN B  
STREET ADDRESS 4361 NW 79TH TERR  
CITY-ST-ZIP CORAL SPGS FL

TITLE DVP ☒ DELETE  
NAME GIDDINGS, GREGORY  
STREET ADDRESS 3912 NW 36 WAY  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Hazelyn A. Bostwick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 March 1999

Date

Daytime Phone #

CR2E034 (11/98)

0314646