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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90147 034 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 648877

1. Corporation Name
CBC TRAVEL, INC.

Principal Place of Business
2901 W. OAKLAND PARK BLVD.
STE. B-12
FT LAUDERDALE FL 33311
US

Mailing Address
2901 W. OAKLAND PARK BLVD
STE. B-12
FT LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1979

4. FEI Number

59-1959757

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

WARD, DANIEL A Carolyn Hamilton
4160 NW 113TH AVE 15780 Sunward St
CORAL SPRINGS FL 33065 Wellington FL 33414

10. Name and Address of New Registered Agent

81 Name Carolyn Hamilton
82 Street Address (P.O. Box Number is Not Acceptable)
15780 Sunward St
83
84 City Wellington FL 85 Zip Code 33414

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 Carolyn T. Hamilton

Signature, typed or printed name of registered agent and title if applicable.

Carolyn T. Hamilton

(NOTE: Registered Agent signature required when reinstating)

4/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME UNDERWOOD, LORI
STREET ADDRESS 3781 NW 24TH TERR
CITY-ST-ZIP BOCA RATON FL

TITLE VP ☐ DELETE

NAME HAMILTON, PETER
STREET ADDRESS 4634 GILHAMS RD NE
CITY-ST-ZIP ROSWELL GA

TITLE PT ☐ DELETE

NAME HAMILTON, E. J.
STREET ADDRESS 15780 SUNWARD ST
CITY-ST-ZIP WELLINGTON FL

TITLE S ☐ DELETE

NAME HAMILTON, CAROLYN
STREET ADDRESS 15780 SUNWARD ST
CITY-ST-ZIP WELLINGTON 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:

Carolyn T. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 954-484-7800
Date Daytime Phone #

CR2E034 (1/198)