FILED

Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90062 033 ***150.00

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

DOCUMENT # 658383

1. Corporation Name

PONTE VEDRA TRAVEL, INC.

Principal Place	e of Business	Mailing Address					1818 8 1111 B1811 B	1511 B1811 B18	(1 818 11 81811 1881
110 SOLANA R		110 SOLANA RD							
STE 106		STE 106							
PONTE VEDRA BCH FL 32082		PONTE VEDRA BCH FL 32	PONTE VEDRA BCH FL 32082			DO NOT WRITE IN THIS SPACE			
US		US				Date Incorporated or Qualifed	1		
:						02/28/1980			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	•		Applied For
21		26				59-1977619			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27			i	5. Certifcate of Status Desired			Required
City & State		City & State	ļL			6. Election Campaign Financing		\$5.0	0 May Be
23		28			ļ	Trust Fund Contribution	' -		d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cu	rrent vear Inta	angible	
24			30			Personal Property Tax.			
	9. Name and Address of Curr		1001	T -		10. Name and Address of New	Registered .	Agent	
				81	Name				
KOS	KI, JEAN ELLEN			Ш					.,,
	E COAST DR		82 Stre		Street Addres	ss (P.O. Box Number is Not Accep	table)		
	ANTIC BEACH FL 32233						77,7223	** *** * * * * * * * * * * * * * * * *	
, <u>-</u>				83					114 34
				84	City	The second secon		85 Zij	p Code
	-						<u> </u>	بللك	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	i502 and 607.1508, Florida Statut	tes, the al	bove-	-named corpor he corporation	ation submits this statement for the	e purpose of ent the annoi	changing i ntment as	its registered registered
agent. La	im familiar with, and accept the obli	igations of, Section 607.0505, Fig	nda Stati	utoe	ne corporation	o board or an octoro. I moroby doc	spt the appear		
				uics.					
_				uios.					,
SIGNATURE	Signature, typed or printed name of registered a				signature required w		DATE		·
_	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE AND DIRECTORS			signature required w	when reinstating) ADDITIONS/CHANGES TO O			-
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered	i Agent :	signature required w			D DIRECT	-
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	: Registered	i Agent :	signature required w				-
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A PD KOSKI, JEAN ELLEN	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TD 1.2 NA	Agent :	signature required w				-
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS of PD KOSKI, JEAN ELLEN 322 E COAST DR	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	Agent :	ADDRESS				-
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	i Agent : TLE AME TREET A	ADDRESS				e 🗌 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TD 1.2 NA 1.3 ST 1.4 CD 2.1 TD	TLE AME TREET A TY-ST-	ADDRESS			Chang	e 🗌 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA	TLE AME TREET A TTLE TREET A	ADDRESS ZIP			Chang	e 🗌 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME	ADDRESS .ZIP			Chang	e 🗌 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	TLE AME TREET A TTY-ST- TLE AME TREET A	ADDRESS .ZIP			☐ Change	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	TLE AME TY-ST- TLE AME TY-ST- TLE TREET A TTY-ST- TLE	ADDRESS .ZIP			Chang	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	TLE AME TY-ST- TLE AME TREET A	ADDRESS -ZIP -ZIP			☐ Change	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	TLE AME TY-ST- TLE AME TREET A	ADDRESS .ZIP			☐ Change	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4, CI	TLE TILE TIVESTAME TIVESTAME TREET A TIVESTAME TIVESTAME TIVESTAME TIVESTAME TIVESTAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA 2.3 ST 2.4 CC 3.1 TO 3.2 NA 3.3 ST	TLE TILE TIVESTAME TIVESTAME TREET A TIVESTAME TIVESTAME TIVESTAME TIVESTAME TIVESTAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4, CI	TLE TAME TREET A TLE TAME TREET A TLE TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA	TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 . CC 4.1 TII 4.2 NA 4.3 ST	TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 . CC 4.1 TII 4.2 NA 4.3 ST	TLE AME TREET A TIY-SI- TLE AME TREET A TLE AME TREET A TLE AME TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 .CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 4.4 CC	TILE AME TREET A TITY-ST- TILE AME TREET A TITY-ST- TILE AME TREET A TITY-ST- TILE TITY-ST- TILE TREET A TITY-ST- TILE TREET A TREET A TREET A TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 . CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TII 5.2 NA	TILE AME TITY-ST- TILE AME TREET A AME TREET A TITY-ST- TILE AME TREET A TITY-ST- TILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS			Change	e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 . CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TII 5.2 NA 5.3 ST	TILE AME TITY-ST- TILE AME TREET A AME TREET A TITY-ST- TILE AME TREET A TITY-ST- TILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			Change	e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD KOSKI, JEAN ELLEN 322 E COAST DR ATLANTIC BEACH FL DVT KOSKI, GEORGE 322 E COAST DR ATLANTIC BEACH FL D BERNARD, MARY 225 SOUTH ST	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 . CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TII 5.2 NA 5.3 ST	TILE TILE TITY ST- TIT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			Change	e Addition e Addition e Addition e Addition

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:

STREET ADDRESS

CITY-ST-ZIP