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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90108 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 663687 1. Corporation Name

Principal Place of Business

SIGNATURE:

VARIETY TRAVEL SERVICES, INC.

PHILLIPS POINT 777 S FLAGLER WEST PALM BE US	DRIVE	PHILLIPS POINT W TOWER 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401 US			;	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/11/1980				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				<u>59-2021039</u>	-	~	Not Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		Citý & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	Country			Trust Fund Contribution			3 10 1 668	
Zíp 24	25 29 30			Personal Property Tax. Yes No						
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	- FDIVA		81	Nan	ne					
3475	s, erika S. Ocean BLVD		82	Stre	et Address	dress (P.O. Box Number is Not Acceptable)				
APT.			83							
PALN	A BEACH FL 33480		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 Signature_speed or printed name_of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)					re required whe	en reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	HAAS, ERIKA WILLIAMSON		1.2 NAME						J	
STREET ADDRESS	3475 S. OCEAN BLVD APT. 202		1.3 STREE	TADDRE	SS					
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-S	T-ZIP						
TITLE	PSD	☐ DELETE	2.1 TITLE					☐ Change	e 🔲 Addition	
NAME	HAAS, FRANZ		2.2 NAME						ĺ	
STREET ADDRESS	DATE O COPAN BLVD ADT COO			T ADDRE	SS					
CITY ST ZID	DALLA DEACH EL COACO			T-ZIP-			<u>۔ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ </u>			
TITLE		☐ DELETE	3.1 TITLE		1			☐ Chang	e	
NAME			3.2 NAME							
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CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	e 🔲 Addition	
NAME			5.2 NAME						ĺ	
STREET ADDRESS			5.3 STREE	TADORE	ss	•				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					[
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE					☐ Change	e 🔲 Addition	
NAME			6.2 NAME						1	
\ \			6.3 STREE	T ADDRE	ess				ţ	
STREET ADDRESS	•		0.40004.0							

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.