Mar 24, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 841218

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VAN	DYCK TRAVEL, INC.									
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										818K KKK (884
Principal	Place of Business		Mailing Address		<u></u>		1 (9919) (BIII BIBE) (1818 (1819) II	1907 1911 91611 61	• • • • • • • • • • • • • • • • • • • •	
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ST PETER	ETERSBURG FL 33710 ST PETERSBURG FL 33710						DO NOT WRITE IN THIS SPACE			
US		'	US .			3 Dat	e Incorporated or Qualifed		Of AUL	
,						1	/08/1978			
2 Princi	ipal Place of Business		2a. Mailing Address				Number		A	pplied For
21		20	¬			36	-2800719		h	lot Applicable
	! Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		2	7			5. Ce	tifcate of Status Desired		Fee R	tequired
	State		City & State			6. Ele	ction Campaign Financing	<u> </u>	\$5:00	May Be
23		2:	8			Tru	st Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	ntry	8. Thi	s corporation owes the cur	rent year inta		_
24	25	2:		30			sonal Property Tax.		☐ Yes	⊠No
	9. Name and Addres	s of Current Rec	gistered Agent		04 1	10. Na	me and Address of New	Registered /	Agent	
	VANDYCK, CLAUS				81 Name			-		
	6798 CROSSWINDS DR #I	E 101			82 Street	Address (P.O.	Box Number is Not Accept	table)		-
	ST PETERSBURG FL 3371				_			··· -··		
	SI FEIENSBUNG FL 33/ ()	U			83					}
	ì				84 City				85 Zip	Code
				· 				<u>FL</u>	يبلب	
offic	suant to the provisions of Sections or registered agent, or both, i	in the State of Fig	onda. Such change was at	Jinorized	by the corp	corporation su oration's board	bmits this statement for the of directors. I hereby acce	e purpose of opt the appoir	cnanging it ntment as r	egistered
age	nt. I am familiar with, and accep	ot the obligations	of Section 607 0505, Flor	ida Stati	itae `					
			01, 00011011 001 100001 1 101	ida Otati	NGO.					1
SIGNAT	URE						No.	DATE		
	Signature, typed or printed name of	of registered agent and t	title if applicable. (NOTE:	Registered		required when reinsta		DATE FFICERS AN	D DIRECT	ORS IN 12
12.	Signature, typed or printed name o		title if applicable. (NOTE:	Registered	Agent signature		nting) ITIONS/CHANGES TO OF		D DIRECT	
12.	Signature, typed or printed name of OF SD	of registered agent and t	title if applicable. (NOTE:	Registered 13.	Agent signature :					
12. TITLE NAME	Signature, typed or printed name of OF SD VAN DYCK, DOROTH	of registered agent and to FICERS AND DI	title if applicable. (NOTE:	13. 1.1 TII	Agent signature : LE ME					
12. TITLE NAME STREET ADI	Signature, typed or printed name of OF SD VAN DYCK, DOROTI- DRESS 7400 SUN ISLAND D	of registered agent and to FICERS AND DI HEA DR #80L	title if applicable. (NOTE:	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature : LE ME REET ADDRESS					
12. TITLE NAME STREET ADI CITY-ST-ZII	SIgnature, typed or printed name of OF SD VAN DYCK, DOROTH- 7400 SUN ISLAND D S PASADENA FL 33	of registered agent and to FICERS AND DI HEA DR #80L	title if applicable. (NOTE:	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature LE ME REET ADDRESS IY-ST-ZIP					Addition
12. TITLE NAME STREET ADI CITY-ST-ZII TITLE	SIgnature, typed or printed name of OF SD VAN DYCK, DOROTH- 7400 SUN ISLAND D S PASADENA FL 33	of registered agent and to FICERS AND DI HEA DR #80L	itle if applicable. (NOTE: RECTORS	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CO	Agent signature : LE ME REET ADDRESS TY-ST-ZIP				Change	Addition
12. TITLE NAME STREET ADI CITY-ST-ZII TITLE NAME	SIgnature, typed or printed name of OF SD VAN DYCK, DOROTH- 7400 SUN ISLAND D S PASADENA FL 33: PT VAN DYCK, CLAUS	of registered agent and the FICERS AND DITECT OF THE PROPERTY	itle if applicable. (NOTE: RECTORS	Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	Agent signature : LE ME REET ADDRESS TY-ST-ZIP				Change	Addition
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12. TITLE NAME STREET ADI CITY-ST-ZII TITLE NAME	Signature, typed or printed name of SD VAN DYCK, DOROTH 7400 SUN ISLAND D S PASADENA FL 331 PT VAN DYCK, CLAUS 7400 SUN ISLAND D CRESS 7400 SUN ISLAND D CREST 7400 SUN ISLAND	of registered agent and to FICERS AND DI HEA VR #80L 707	itle if applicable. (NOTE: RECTORS	Registered 13. 1.1 TT 12 NA 1.3 ST 1.4 CC 2.1 TTI 2.2 NA 2.3 ST	Agent signature LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADE	ITIONS/CHANGES TO OF		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.

6.4 CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

727 - 38/- 5/5/ Daytime Phone #