## 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 Feb 18, 1999 8:00am Secretary of State

02-18-1999 90084 023 \*\*\*150.00

DOC	<b>JMENT</b>	# F(	<b>01</b>	25	n

1. Corporation Name

TAMPA BAY TRAVEL CORPORATION

ONE URBAN (	IEDY BLVD SUITE 148	O1 48	ailing Address NE URBAN CENTER 30 W. KENNEDY BLVD., MPA FL 33609	SUITE 1	148				DO NOT WR			
								3. Date Incom 10/09/19	porated or Qualifed	i		
	Place of Business	2a.	Mailing Address					4. FEI Numbe	er .		A	Applied For
21 SAM	<del></del>	26	SAME					<u>59-2036</u>	<u>114</u>	•		lot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				İ	5. Certificate of	of Status Desired		\$8.75	Additional
City & Sta	<b>1</b> 0	27	07. 0.01.4								Fee F	Required
City & Sta	te	<u> </u>	City & State						mpaign Financing	П		May Be
Zip	Country	28	Zip		4				Contribution			to Fees
24	25		Zip		untry				ation owes the cur	rent year Int		
24	9. Name and Address of Curre	29 ent Regis	tered Agent	30	<del></del>				roperty Tax.  Address of New	Danistand	Yes	Ŀ₽Ño
	or Hame and Address of Carr	ont ivegis	tered Agent		81	Name		iv. Name and	Address of New	Registerea	Agent	
LOC	CKE, JAMES					1101110						
4830	O OSPREY DR S				82	Street	Address	s (P.O. Box Nur	nber is Not Accept	table)		
#F-2	203				83			·				
ST I	PETERSBERG FL 33711											1
					84	City		-	- 10-0	FL	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the office.	pations of,	la. Such change was a Section 607.0505, Flo	utnorizeo rida Stat	d by t tutes.	the corp	oration's	s board of direct	s statement for the ors. I hereby acce	purpose of pt the appoin	changing its	registered egistered
12.	Signature, typed or printed name of registered ag				Agent	t signature i	required wh	nen reinstating)		DATE	·,	
TITLE	PD OFFICERS A	ND DIKE	DELETE	13.			_	ADDITIONS/	CHANGES TO OF	FICERS AN		•
NAME	LOCKE, JAMES D		LJ DECE IE	1.1 TT							☐ Change	☐ Addition
STREET ADDRESS	4830 OSPREY DR S #F-203			1.2 N								ļ.
	ST PETERSBERG FL			4		ADDRESS						1
CITY-ST-ZIP TITLE	ST			1.4 CI	ITY-ST	-ZIP						
NAME	KNIGHT, THOMAS		☐ DELETE	2437	TI F		<del> </del>					- Addition
STREET ADDRESS			☐ DELETE	2.1 11			<del> </del>				☐ Change	Addition
			DELETE	2.2 N	AME				•		☐ Change	Addition
CITY-ST-ZIP	4830 OSPREY DR S #F-203 ST PETERSREDG EI		□ DELETE	2.2 N/ 2.3 ST	AME TREET	address					☐ Change	Addition
TITLE	ST PETERSBERG FL			2.2 N/ 2.3 ST 2.4 C	AME TREET.	address			-			
TITLE NAME			□ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TF	AME TREET. SITY-ST TLE	address			-	· ·	☐ Change	Addition
NAME				2.2 N/ 2.3 ST 2.4 C 3.1 TH 3.2 N/	AME TREET : SITY-ST TLE AME	ADDRESS I-ZIP			-			
NAME STREET ADDRESS				2.2 N/ 2.3 ST 2.4 C 3.1 TH 3.2 N/ 3.3 ST	AME TREET, TLE AME TREET,	ADDRESS I-ZIP ADDRESS		-				
NAME			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 3.3 ST 3.4 C	AME TREET TLE AME TREET	ADDRESS I-ZIP ADDRESS					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				2.2 N/ 2.3 ST 2.4 C 3.1 TH 3.2 N/ 3.3 ST 3.4 CH	AME TREET, TLE AME TREET, TY-ST TLE	ADDRESS I-ZIP ADDRESS		-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA	AME TREET, TLE AME TREET, TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP		-			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	AME TREET, TLE AME TREET, TTLE AME TREET, TLE AME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	AME TREET, TLE AME TREET, TLE AME TREET, TLE AME TREET,	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS			-		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CF	AME TREET. TLE AME TTY-ST TLE AME TY-ST TLE TREET. TY-ST-TLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4, CT 4.1 TT 4.2 NA 4.3 ST 4.4 CP 5.1 TT 5.2 NA	TREET, TILE THE TILE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4, CI 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST	TREET, TILE THE TILE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2IP		1	The second secon		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4, CI 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST	TREET, TILE TREET, TILE TREET, TILE TREET, TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TILE TY-ST- TY-ST-	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2IP				. S. B. 9 - Reno	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4, CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 5.4 CI	AME TREET, TILE AME TREET, TILE AME TY-ST- TLE TY-ST- TLE TREET, TY-ST- TLE TREET, TY-ST- TLE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2IP			the graph	55 B9 West	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE THE TADDRESS TREET ADDRESS THE TADDRESS TH			☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 5.1 TIT 5.2 NA 5.3 ST 6.1 TIT 6.2 NA	AME TREET, TILE AME TREET, TILE AME TREET, TILE AME TY-ST- TILE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 2IP		1		y t − Wenn	☐ Change	Addition 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.

SIG	N	ΔΤ	Ħ	R	F

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNADO OFFICER OR DIRECTOR

1/29/99

Daytime Phone #

DOE024 /44/00