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 # 1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90202 001 ***150.00

GRACE 1	FRAVEL AGENCY, INC.		,			1
Principal Place	e of Business	Mailing Address				Į)
1201 U.S. #1. S		1201 U.S. #1, SUITE 31				
	RTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	\neg
					04/26/1982	
2. Principal Pl	ncipal Place of Business 2a. Mailing Address			<u> </u>	4. FEI Number - Applied For	_
21					59-2190731 Not Applicat	ee
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	- 1
22					5 Flortion Compaign Financing \$5.00 May Ro	\dashv
23	<u> </u>	28			Trust Fund Contribution Added to Fees	}
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	\Box
24	25	29 30	<u>)</u>		Personal Property Tax. , ☐ Yes ☐ No	_
	9. Name and Address of Current	Registered Agent	-	N	10. Name and Address of New Registered Agent	
7011	o umpositos		81	Name	TE GUDICERNICON	
TOMC, VERONICA 102 CORALFISH LANE			82	Sires Add	TE CHRISTENSON Tress (P.O. Box Number is Not Acceptable) O MYRTLE OAK CT	
	TER FL 33477		83			\dashv
0011	TENTE BOATT			PALM	1 BCH GARDENS, FL 33410	
			84	City	FL 85 Zip Code 33410	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	rporation submits this statement for the purpose of changing its registerer	a d
office or re	egistered agent, or both, in the State o	f Florida, Such change was auth	orized by a Statutes	the corporation	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
	rnon Oto	5010 01, 0000001 007.0000, 1 10110	u 0.0			-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature require	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ OÉLETE	1.1 TITLE	}	☐ Change ☐ Add	ווטטוו
NAME	CHRISTENSON, GRACE		1.2 NAME			
STREET ADDRESS	1201 US HWY ONE		1.3 STREET	ļ		- {
CITY-ST-ZIP TITLE	N PALM BEACH FL	□ DELETE	1.4 CITY-S 2.1 TITLE	1-219	☐ Change ☐ Addi	ition
NAME			2.2 NAME		_ , _	
STREET ADDRESS			2.3 STREET	ADDRESS	.•	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addi	ition
NAME			3.2 NAME	1		1
STREET ADDRESS			33 STREET	ADDRESS		
CITY-ST-ZIP			34. CITY-S	T-2)P		<u> </u>
TITLE		☐ DELETE	4.1 TITLE		Change Add	luon (
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			}
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Add	ition
TITLE		C] DECE IE	5.1 TITLE 5.2 NAME		_ onengo	
NAME			5.3 STREET	ADDRESS		
STREET ADDRESS			5.4 CITY-S	- 1	•	1
CITY-ST-ZIP		DELETE	6.1 TITLE	- -	☐ Change ☐ Add	ition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		-
CITY ST ZID			6.4 CITY-S	T-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 frustee 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: X

Date