Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90191 037 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F83042**

1. Corporation Name

UNIGLOBE FOREST LAKE TRAVEL, INC.

Superior	Principal Place 3705 TAMPA R SUITE 20	OAD	Mailing Address 3705 TAMPA RO SUITE 20	AD			DO NOT WRITE IN THIS SPAC	_
Principal Place of Business   2a, Melling Address   59-2191711		34677-6300		677-6300			3. Date Incorporated or Qualifed	
Solitic Apt E, etc.   Suite, Apt E, etc.   Suite, Apt E, etc.   Solitic Apt E, etc.		Place of Business	·	ress			4. FEI Number	<del></del>
23			<u> </u>	H ' '			E Cortiferto of Status Desired	
25   29   30   Personal Property Tax.   Yes   Into	City & Stat	·	28	· ————			Trust Fund Contribution A	dded to Fees
VON SENGER, BARBARA, Y 3705 TAMPA RD SUITE 19 OLDSMAR FL 34677  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 agent, or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    12	Zip <b>24</b>	25	29	30	1		Personal Property Tax.	
VON SENGER, BARBARA, Y 3705 TAMPA RD SUITE 19 OLDSMAR FL 34677  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 office or registered agent with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. OFFICERS AND DIRECTORS  10. STREET ADDRESS  20 BIS PLACE  10 STREET ADDRESS  21 TITLE  21 TITLE  22 TITLE  22 TITLE  22 TITLE  22 TITLE  22 TITLE  22 TITLE  32 TITLE  33 TITLE  32 TITLE  33 TITLE  34 CITY-57-2P  17. ST-2P  17. Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	<del></del>	9. Name and Address of Currer	nt Registered Agent		04	Nama	10. Name and Address of New Registered Agent	
OLDSMAR FL 34677  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered affects of the purpose of changing its registered affects of the purpose of changing its registered affects of the purpose of changing its registered affects of the purpose of change in the purpos	3705 TAMPA RD Suite 19				82		dress (P.O. Box Number is Not Acceptable)	
The provision of Sections 607 15002 and 607 15002 and 607 15002. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 age						City	FL 85	Zip Code
SIGNATURE   Signature, typed or printed name of registered agent and title if approaches   13.	office or i	registered agent, or both, in the State	of Florida. Such cha	nge was autho	orized by	the corporat	poration submits this statement for the purpose of chang ion's board of directors. I hereby accept the appointment	ing its registered as registered
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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 the receiver of the corporation of the corpora

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-855.4488