

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90135 020 ***150.00

DOCUMENT # F94000004734

1. Corporation Name

JETSET TOURS, INC. (NORTH AMERICA)

Principal Place of Business

100 WEST HARRISON
SUITE 350 SOUTH TOWER
SEATTLE WA 98119

Mailing Address

100 WEST HARRISON
SUITE 350 SOUTH TOWER
SEATTLE WA 98119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

95-3262407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALHOUN, JIM
611 PARK VALLEY CIRCLE
CLERMONT FL 34711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAVIGNE, MICHAEL B
STREET ADDRESS 100 WEST HARRISON SUITE 350
CITY-ST-ZIP SEATTLE WA 98119 ☒ DELETE

TITLE D
NAME DAVIDSON, JULIA
STREET ADDRESS 100 WEST HARRISON SUITE 350
CITY-ST-ZIP SEATTLE WA 98119 ☐ DELETE

TITLE P
NAME RUSH, F B
STREET ADDRESS 5120 WEST GOLDLEAF CIRCLE, SUITE 310
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

TITLE D
NAME ANDERSON, BILL
STREET ADDRESS 100 WEST HARRISON SUITE 350
CITY-ST-ZIP SEATTLE WA 98119 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN/CEO ☒ Change ☐ Addition
1.2 NAME RAVI RAO
1.3 STREET ADDRESS 100 WEST HARRISON, SUITE 350
1.4 CITY-ST-ZIP SEATTLE, WA 98119

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE GENERAL MANAGER ☒ Change ☐ Addition
3.2 NAME Vice President
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Julia Davidson Jan 28/99
VICE President Date Daytime Phone #

CR2E034 (1/198)