

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90032 023 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000001590**

1. Corporation Name  
**TRAVEL INSURED INTERNATIONAL, INC.**



Principal Place of Business 2-S OAKLAND AVENUE AST HARTFORD CT 06128-0568	Mailing Address PO BOX 280568 EAST HARTFORD CT 06128-0568
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/27/1997</b>	
1	26	4. FEI Number <b>06-1373126</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3		28			
Zip	Country	Zip	Country		
4	25	29	30		

9. Name and Address of Current Registered Agent <b>MATHIEU, RON 19022 ST. LAURENT DRIVE LUTZ FL 33549</b>				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEHRIS, PETER W		1.2 NAME		
STREET ADDRESS	227 MARGARET DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH WINDSOR CT 06074		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, JOHN W		2.2 NAME		
STREET ADDRESS	329 LONG HILL STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	EAST HARTFORD CT 06108		2.4 CITY-ST-ZIP		
TITLE	SVGC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOVOTNY, NORMAN E		3.2 NAME		
STREET ADDRESS	8E LYLE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON CT 06032		3.4 CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUEZ, R A		4.2 NAME		
STREET ADDRESS	52 TAMARA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CT 06001		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUART, IAN		5.2 NAME		
STREET ADDRESS	ONE TIFFANY COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	E. HAMPTON CT 06424		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARINO, SUSAN D		6.2 NAME		
STREET ADDRESS	5 CARMEN ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH WINDSOR CT 06074		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: NORMAN E. NOVOTNY **SIGNATURE REQUIRED** Date: 06/29/99 (860)-528-7663 X131

CR2E034 (11/98)