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 # F9800003208

TRAVEL GUARD GROUP, INC.

Principal Place of Business	•	Mailing Address
1145 CLARK ST		1145 CLARK ST

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90015 032 ***150.00



Principal Place	of Business	М	Mailing Address				
1145 CLARK ST			45 CLARK ST				
STEVENS POINT	T WI 54481	ST	revens point wi 54481				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							06/08/1998
2 Dringing D	ace of Business	2a	Mailing Address				4. FEI Number Applied For
	ace of Busiless	26	l				39-1788198 Not Applicable
Suite, Apt.	# atc	- 26	Suite, Apt. #, etc.				\$8.75 Additional
·	w, 510.	27	¬ ' ' '				5. Certificate of Status Desired Fee Required
22 City & State			City & State				6. Election Campaign Financing \$5:00 May Be
23		28	٦ ،				Trust Fund Contribution Added to Fees
Zip	Country	- 20	Zip Coun		try		8. This corporation owes the current year intangible
_	25	29		0	•		Personal Property Tax.
24	9. Name and Address of Currer			1			10. Name and Address of New Registered Agent
_,,	- Name and Name of States				B1	Name	
INSU	IRANCE COMMISSIONER			-			(D.O. B. M. S. M. A.
	TOL BLDG			l,	82	Street Add	dress (P.O. Box Number is Not Acceptable)
	AHASSEE FL 32399-0300			-	83		
.,							
				1	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and (607.1508, Florida Statutes	s, the ab	ove	-named cor	rporation submits this statement for the purpose of changing its registered
office or r	anistered agent or both in the State	of Flori	ida. Such change was aut	nonzed	๛	tne corporai	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions o	1, Section 607.0505, Floric	Ja Statui	.co.		,
SIGNATURE	Signature, typed or printed name of registered age	nt and title	e if applicable (NOTE: R	Registered A	aeni	t signature requi	red when reinstating) DATE
12.	OFFICERS AN			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.1 T/TL	E	P	Change ☐ Addition
NAME	NOEL, JOHN			12 NAM	Æ	'	, -
STREET ADDRESS	1145 CLARK ST			1.3 STR	EET	ADDRESS	
	STEVENS POINT WI 54481			1.4 CIT		1	
CITY-ST-ZIP TITLE	ST ST		DELETE	2.1 TITL			☐ Change ☐ Addition
			X	2.2 NAM			
NAME	KINATE, PAUL					ADDRESS	
STREET ADDRESS	1145 CLARK ST						
CITY-ST-ZIP	STEVENS POINT WI 54481		DELETE ~	2.4 CΠ ~ 3.1 ΠΠ		1-2112	. P □ Change □ V Addition
TITLE			The first of December 16			V	The same of the
NAME				3.2 NAM		7	normas Lavuasky
STREET ADORESS				1		ADDRESS	nomas Zavadsky 1145 Clark Struet Stevens Point, WI 54481
CITY-ST-ZIP				3.4. CIT		7-ZIP	STEVENS POINT, WI S4401 Change MAddition
TITLE			☐ DELETE	4.1 ∏∏		12	
NAME				4. 2 NA	ME	D	ames Koziol
STREET ADDRESS			•	4.3 STF	EET	ADDRESS	a mes koziol 1145 Clark Street 1145 Clark Street 1145 Clark Street
CITY-ST-ZIP				4.4 CIT	Y-ST	r-ZIP	STEVENS POINT, WI SYYBI
TITLE	:		☐ DELETE	5.1 ππ	E.	ح ا	Change Addition
NAME				5.2 NA	Æ	16	atricia D. Doel
STREET ADDRESS				5.3 STF	ŒET	ADDRESS	atricia D. Doel 145 Clark Street Stevens Point, WI 54481
CITY-ST-ZIP				'5.4 CIT	Y-ST	r-zip 🤇	Stevens Point WI 54481
TITLE			☐ DELETE	6.1 TrT	E	1	/ Change Addition
NAME				6.2 NA	Æ		
STREET ADDRESS				6.3 STF	REET	ADDRESS	
CITY-ST-ZIP				6.4 CIT	Y-ST	r-ZIP	
UIII-01-4F							

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:

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

715-345-0505 X400