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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G36062

1. Corporation Name						ı				
TIME AND AGAIN TRAVEL, INC.						1				
							I 1881(1) 4888 I ISOR BUILL BEILR BUILD SIGN		 	
Principal Place of Business , Mailing Address								1 61611 81611 BIE11	81811 81811 1881	
% JAMES W. LEE										
3502 HOLLOW OAK PLACE 3502 HOLLOW OAK PLACE						ì				
BRANDON FL 33511 BRANDON FL 33511							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed		. 1	
		·					04/27/1983			
Principal Place of Business 2a. Mailing Address						4.	FEI Number		pplied For	
21							59-2287738		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						١	Certifcate of Status Desired		Additional	
27							5. Certificate of Status Desired Fee Required			
- City & State	- City & State City & State -						6. Election Campaign Financing \$5.00 May Be			
23	3 28						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	ntry		8. This corporation owes the current year Intangible					
24	25	29 3	30				Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registere	d Agent		
				81	Name					
LEE, JAMES W.				(DO Do North Acceptable)						
3502 HOLLOW OAK PLACE			ĺ	82 Street Address (P.O. Box Number is Not Acceptable)			į			
BRANDON FL:33511				83						
		-		84	City		F	■ 85 Zip	Code	
									e registered	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	t and 607.1508, Florida Statutes of Florida. Such change was auth	bv t	-named co the corpor	orporation ation's be	n submits this statement for the purpose oard of directors. I hereby accept the app	ointment as r	egistered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statu	ıtes.			• • •			
SIGNATURE	•									
0.0707.107.12	Signature, typed or printed name of registered agent			Agent	signature req					
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE				1.1 TITLE				☐ Change	Addition	
NAME	LEE, ELIZABETH A. 14			ME						
STREET ADDRESS	3502 HOLLOW OAK PLACE		1.3 STREET ADDRESS			,		Ļ		
CITY-ST-ZIP	BRANDON FL			1.4 CITY-ST-ZIP			<u></u>			
TITLE				ΊĒ				☐ Change	☐ Addition	
NAME	LEE, JAMES W.		2.2 NA	2.2 NAME						
STREET ADDRESS	3502 HOLLOW OAK PLACE		2.3 STREET ADDRESS							
	BRANDON FL		2. 4 CITY-ST-ZIP							
CITY-ST-ZIP	V DELETE		3.1 TITLE			es as a secondario	~ Change	☐ Addition		
	LEE. ANNA M.		3.2 NAME				•			
NAME	e er e		1					1		
STREET ADDRESS			3.3 STREET ADDRESS					1		
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP				☐ Change	Addition	
TITLE .	-			4.1 TITLE						
NAME	LEE, THOMAS A.		4. 2 NAME			•		}		
STREET ADDRESS			4.3 STREET ADDRESS						į	
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TIT	1E				Change	Addition	
l	•		52 NA	ME						

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 copporation 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 change), or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

☐ Change