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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G63415

(5)

A WORLD OF TRAVEL, INC.

FILED
May 28 1998 8:00am
Secretary of State



Principal Place of Business	Mailing Address			41. 1.2. , 212., 212., 212., 122.
3947 BLVD CNT	3947 BLVD CNT			
8-101	S-101		DO NOT WRITE IN THIS SPACE	
JACKSONVILLE FL 32207	JACKSONVILLE FL 3220 US	r	3. Date Incorporated or Qualified	
			10/04/1983	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 4981 Atlantic Blvd #5	26 4981 Atla	ntic Blvd #5	59-2340712	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of otalos Desired	Fee Required
City & State	City & State	11- 51 2220	6. Election Campaign Financing	\$5.00 May Be
23 Jacksonville, Fl 3220				Added to Fees
Zip Country	Zip 20007	Country	8. This corporation owes or has paid the c	current year Intangible
24 32207 25 25 Name and Address of Current	29 32207	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	
NEIL A. WEINRIB P.C. ATTORNEYS A	· · · · · · · · · · · · · · · · · · ·	81 Name	10.	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 Atlantic B	lvd	(5.0.6) N. I. I. A. I. A	
MOX \$5		B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32207		B3		
anditaliner i r arrai		24 07		lee l 7io Codo
		B4 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Horida Statu	tes, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State or agent, am familiar with, and accept the obligati	f Florida: Such ch ange w as ons of, Section 60 7.0 505, f	authorized by the corporation Iorida Statutes.	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE				
Segnature: Type dier printe o native of regelterest age til		18 Registered Agent signature require		
12. OLEIGERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Addition
P PACEMENT OTTO II	L. Officie	1.1 BRCF		☐ cuange ☐ vacinon
NAME PASENEAU, OTTO U STREET ADDRESS XXXX XXXX 4 9	Ol helantia	12 NAME	•	
HANKONINITE EL AGONT	or Actancic	1.4 City-SI-ZiP		
TITLE JACKSONVILLE PL 32207	DELETE	21 DILE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STHEET ADDRESS		
CITY-SI-ZIP		2.4 City-St-ZiP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-7(P		
TITLE	DELFTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
617-51-ZIP 14 December certity that the information supplied will	this filing does not qualify	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further	certify that the information

i. I bereby certify that the information supplied with this fifing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation or the receiver or trustee suppowered 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 all appears with an address.

ck 12 or Block 13 ii changgri or on apartiagramini with an agoross.

6/2/1/ On 6 221 112