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Secretary of State

05-05-1999 90219 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G63415

1. Corporation Name
A WORLD OF TRAVEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4981 ATLANTIC BLVD #5 JACKSONVILLE FL 32207 US

Mailing Address
4981 ATLANTIC BLVD #5 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified
10/04/1983

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-2340712 Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

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

9. Name and Address of Current Registered Agent
NEIL A. WEINRIB P.C. ATTORNEYS AT LAW
4981 ATLANTIC BLVD #5 JACKSONVILLE FL 32207

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: [Signature] PASENAU 04/28/99 DATE

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for DELETE. Row 1: PASENEAU, OTTO U, 4981 ATLANTIC BLVD, #5, JACKSONVILLE FL 32207.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition.

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] SIGNATURE REQUIRED 04/28/99 04/28/99 904 298 6638 Date Daytime Phone #

CR2E034 (11/98)