FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90077 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

	1999	DIVISION OF CORPORATIONS		ORPORATIONS	04-02-1999 90077 035 ***150.00
DOCUI	MENT # G	70045			
•	MEETING PLAN	NERS. INC.			
					I KARAMI BANK KARIK ABIM BANK AKKAR BANK AKKAR ALIKI ALAM AKAM AKAM AKAMI AKAMI AKAMI AKAMI
Principal Place	e of Business	Maili	ng Address		
CARLSON WAG	ONLIT TRAVEL	6300	N WICKHAM RD #110	5	
	AM ROAD #116		OURNE FL 32940		DO NOT WRITE IN THIS SPACE
MELBOURNE F US	L 32940	US			Date Incorporated or Qualifed
00					11/15/1983
2. Principal P	lace of Business	2a. N	failing Address		4. FEI Number Applied For
21		26			59-2353093 Not Applicable
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27			ree Required
City & State	е	⊢	City & State		6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees
23	Countr	28	 iip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Zip	25	29	ı'	30	Personal Property Tax.
24		ess of Current Register			10. Name and Address of New Registered Agent
	-			81 Name	
	NE M. SONANDRES			82 Street Ad	Address (P.O. Box Number is Not Acceptable)
838 RIDGE LAKE DRIVE					
MEL	BOURNE FL 32940			83	
				84 City	85 Zip Code
					FL 89 250 September 16 to the support of changing its registered
office or r	agistarad sagant, ar bath	in the State of Florida	I Such change was all	morized by the combora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and acco	ept the obligations of, S	ection 607.0505, Flori	da Statutes.	
SIGNATURE	Signature, typed or printed name	of registered agent and title if a	pplicable (NOTE: F	Registered Agent signature requ	quired when reinstating) DATE
12.		FFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTS		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SONANDRES, LYN			1.2 NAME	
STREET ADDRESS	838 RIDGE LAKE D			1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32	•	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		1		2.1 TITLE	
NAME STREET ADDRESS			1	2.2 NAME 2.3 STREET ADDRESS	
				2. 4 CITY-ST-ZIP	
CITY-ST-ZIP			DELETE TE	3.1 TITLE	☐ Change ☐ Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP	
TITLE			☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			- Detere	5.1 TITLE 5.2 NAME	
NAME STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 City-St-ZIP	
TITLE	<u> </u>		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	•

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.

6.4 CITY-ST-ZIP

SIGNATURI

LYNNE M CER OR DIRECTOR