Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

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FILED Mar 04, 1999 8:00 am

Secretary of State

03-04-1999 90131 034 ***150.00

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 # G70874

1. Corporation Name

THE TRAVEL CORPORATION, INC. Principal Place of Business Mailing Address							
						((BBIII) dEtt (SBII BEGLIBIU IND AND AND AND AND AND AND AND AND AND A	
% 8603 SOUTH MIAM! FL 33145	1 dixie hwy Suite 307 3	% 8603 SOUTH DIXIE HWY SUITE 307 MIAMI FL 33143				DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualifed 12/15/1983	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2384109	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Co.	untry		This corporation owes the current year Personal Property Tax.	r Intangible Yes No
9. Name and Address of Current Registered Agent GREENBERG, SUZANNE 8603 SOUTH DIXIE HWY., SUITE 307 MIAMI FL 33143				10. Name and Address of New Registered Agent			
				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
				84 Ci	ty		85 Zip Code
office or r	to the provisions of Sections 607. registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change wa	s authorize	d hv the	med corp corporation	oration submits this statement for the purposon's board of directors. I hereby accept the ap	e of changing its registered
SIGNATURE	Signature, typed or printed name of registered	gent and title if applicable. (A)	OTE: Societoro	d Angat sun	ture require	d when reinstating) DATE	
12.		AND DIRECTORS	13.		arare radone	ADDITIONS/CHANGES TO OFFICERS	·
TITLE	PD	☐ DELETE	1.1 T				☐ Change ☐ Addit
NAME	GREENBERG, SUZANNE		1.2 N	IAME			
STREET ADDRESS	ACCO A DIVIE I MANY ACT			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 0	CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 T	TTLE			Change Addit

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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.

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

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NAME

TITLE

NAME

STREET ADDRESS

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