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 # G80696

INTERCONTINENTAL TRAVEL AGENCY, INC.

						-))) BIBIT BIBIT BIBIT BIBIT	
Principal Place	e of Business	Mailing Address						
3332 N.E. 33RD		3332 N.E. 33RD ST. FT. LAUDERDALE FL 33308-7133				1	•	
T. LAUDERDAI	LE FL 33308-7133	FI. LAUDENDALL TE 30000°	LAUDERDALE PL 33306-7133			DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed	•	•
						12/14/1983		
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		plied For
z. Principal Fi	Idee of Business	26				59-2348367		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
7	<i>#</i> , 0.0.	27				3. Certificate of Chalasters	Fee Re	
2 City & Stat	ie.	City & State				6. Election Campaign Financing	\$5.00	
3	.•	28				Trust Fund Contribution	Added t	o rees
Zip	Country .	Zip	Cour	ntry		8. This corporation owes the current year	r Intangible	□No
J	25	29	30			Personal Property Tax.	es	
4	9. Name and Address of Curre	nt Registered Agent		Ĺ,		10. Name and Address of New Registe	red Agent	
			Ì	81	Name			
	MPSON, JERRY L.		ł	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	5 CENTER AVE		j			THE RESERVE OF THE PROPERTY OF THE SHEET		#1#11 9/18/12 15 11 13/12 0/16/14 13/12
FOF	rt Lauderdale Fl		Ī	83				
			1	84	City	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	85 Zip	
				I I	•	oration submits this statement for the purpos on's board of directors. I hereby accept the a	-L .	
SIGNATURE	Signature, typed or printed name of registered ag	AND DIRECTORS	13.		t signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	TLE				
NAME	THOMPSON, JERRY L.		1.2 NA	AME				
STREET ADDRESS	3055 CENTER AVE		1.3 ST	TREET	ADDRESS		:	
CITY-ST-ZIP	FT. LAUDERDALE FL						;	
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NAME		☐ DELETE	1.4 Cl 2.1 Tl		T-ZIP		Change	Addition
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6.4 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 a other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90018 049 ***158.75