

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90065 017 ***150.00

DOCUMENT # H16443

1. Corporation Name

PROFESSIONAL TRAVEL ASSOCIATES, INC.

Principal Place of Business

1846 NOB HILL RD
PLANTATION FL 33322
US

Mailing Address

1846 NOB HILL RD
PLANTATION FL 33322
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1984

4. FEI Number

59-2441641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SCHMIDT, CELIA
6020 SW 18TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11920 SW 22 CT.

83

84 City Davie

FL

85 Zip Code 33325

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

Celia Schmidt Pres.
Signature, typed or printed name of registered agent and title if applicable.

CELIA SCHMIDT PRES.

2/24/99
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
STREET ADDRESS SCHMIDT, MARK
CITY-ST-ZIP 6020 SW 18TH STREET
PLANTATION FL 33317

TITLE ☐ DELETE

NAME P
STREET ADDRESS SCHMIDT, CELIA
CITY-ST-ZIP 6020 SW 18TH STREET
PLANTATION FL 33317

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHMIDT, JUSTIN
CITY-ST-ZIP 6020 SW 18 ST.
PLANTATION FL 33317

TITLE ☐ DELETE

NAME D
STREET ADDRESS MATTEL, HARVEY
CITY-ST-ZIP 6020 SW 18 ST.
PLANTATION FL 33317

TITLE ☐ DELETE

NAME D
STREET ADDRESS BLUM, ETHEL
CITY-ST-ZIP DORSET H #312
BOCA RATON FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 11920 SW 22 CT

1.4 CITY-ST-ZIP Davie, FL 33325

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 11920 SW 22 CT

2.4 CITY-ST-ZIP Davie, FL 33325

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 11920 SW 22 CT

3.4 CITY-ST-ZIP Davie, FL 33325

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 11920 SW 22 CT

4.4 CITY-ST-ZIP Davie, FL 33325

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 all other like empowered.

SIGNATURE:

Celia Schmidt Pres.
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

0302921