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 # H28079

A.W.O.L					
	. Travel, inc.				
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Principal Plac	ce of Business	Mailing Address		1 1901011 0110 11001 10111 00151 10616 1011	81
	ell hammock RD	P O BOX 60612			•
102 Oviedo FL 32		OVIEDO FL 32765		DO NOT WRITE IN T	HIS SDACE
US .	2703	US		3. Date Incorporated or Qualifed	HIS STACE
				10/31/1984	•
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year	
24	[25] 9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax. 10. Name and Address of New Register	Yes No
	5. Name and Address of Cure	"/	81 Name	10. Haille allu Addiess of Hew Registe	red Agent
, FEIN	NBERG, RICHARD				
	7 W BROADWAY STE 3		82 Street Add	dress (P.O. Box Number is Not Acceptable)	,
OVI	EDO FL 32765		83	2 (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	图 编数 多數 新数 新期 指數
			. 84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Sta	tutes, the above-named cor	rporation submits this statement for the purpose	e of changing its registered
Q11100 O1	regional agent, or bear, in the ende	ren i longo. Caon onango ma	s authorized by the corporat	tion's board of directors. I hereby accept the ar	ppointment as registered
agent. La		ations of Section 607 0505 1	Florida Statutés	,	' · · · · · · · · · · · · · · · · · · ·
HS		ations of, Section 607.0505, i	Florida Statutés.		
SIGNATURE			Florida Statutés. DTE: Registered Agent signature requir		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NO	Florida Statutes. TE: Registered Agent signature required: 13.	red when reinstating) : DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AP	ant and title if applicable. (NC	TE: Registered Agent signature requires 13.	red when reinstating) : DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND PD FEINBERG, RICHARD	ant and title if applicable. (NO	DTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) : DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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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 am address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CARD F

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90025 009 ***151.00