

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90021 045 ***158.75

DOCUMENT # **H36572**

1. Corporation Name

A TIME TO TRAVEL THE WORLD, INC.

Principal Place of Business

7512 DR PHILLIPS BLVD
ORLANDO FL 32819
US

Mailing Address

7512 DR PHILLIPS BLVD
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1984

4. FEI Number

59-2477897

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

9. Name and Address of Current Registered Agent

MARCHENA, MARCOS R
233 SOUTH SEMORAN BLVD
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NEWNHAM, LUCILE J.
STREET ADDRESS 2090 MOHICAN TRAIL
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE VD
NAME HOYLE, DEBORAH
STREET ADDRESS 2020 FLAMING ARROW CRT
CITY-ST-ZIP CASSELBERRY FL ☐ DELETE

TITLE D
NAME KISER, DAVID
STREET ADDRESS 4688 HALL ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S
NAME KISER, BARBARA
STREET ADDRESS 4688 HALL ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T
NAME NEWNHAM, DONALD F.
STREET ADDRESS 2090 MOHICAN TRAIL
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE D
NAME HOYLE, DANIEL
STREET ADDRESS 2020 FLAMING ARROW COURT
CITY-ST-ZIP CASSELBERRY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 119.01(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: *Barbara Kiser* 10/19/99 407-345-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)