

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86293

1. Corporation Name

BILL BROWN TRAVEL CORP.

Principal Place of Business

Mailing Address

424 CENTRAL AVENUE
SUITE 1100

ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1985

4. FBI Number

59-2614151

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

7. THIS corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

NICHOLAS V. DELCORSO
424 CENTRAL AVENUE STE. 1100
ST. PETERSBURG, FL 33701

10. Name and Address of New Registered Agent

81

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

83

84

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of, Section 607.0605, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	NICHOLAS V. DELCORSO	3 BELLVUE DR.	TREASURE ISLAND FL 33706	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
				☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐	☐
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
				☐	☐
6.1 TITLE	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)(l), 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; that the receiver is duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change.

SIGNATURE:

Nicholas V. DelCorso

5-1-00

727-895-8151

Signature and Title of Registered Agent

Date

Daytime Phone #

CRZE034 (11/98)