

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90066 023 ***150.00

DOCUMENT # J14944

1. Corporation Name
COAST TO COAST TRAVEL SERVICES, INC.

Principal Place of Business Mailing Address
845 NORTH GARLAND AVE. 845 NORTH GARLAND AVE.
SUITE 100 SUITE 100
ORLANDO FL 32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|-----------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 5422 Carrier Drive | 26 5422 Carrier Drive | 05/19/1986 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 Suite 305 | 27 Suite 305 | 59-2675182 |
| City & State | City & State | Applied For |
| 23 Orlando, FL 32819 | 28 Orlando, FL 32819 | Not Applicable |
| Zip | Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 32819 | 29 32819 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country | Country | Trust Fund Contribution |
| 25 USA | 30 USA | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

ROBINSON, ALAN B.
209 EAST RIDGEWOOD STREET
POST OFFICE BOX 1544
ORLANDO FL 32802

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUFFEY, GLENN E. | 1.2 NAME | |
| STREET ADDRESS | 845 N. GARLAND AVE. SUITE 100 | 1.3 STREET ADDRESS | 5422 Carrier Drive, Ste. 305 |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | Orlando, FL |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARGANO, JAMES E. | 2.2 NAME | |
| STREET ADDRESS | 845 N. GARLAND AVE. SUITE 100 | 2.3 STREET ADDRESS | 5422 Carrier Drive, Suite 305 |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | Orlando, FL |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUFFEY, KATHLEEN K. | 3.2 NAME | |
| STREET ADDRESS | 845 N. GARLAND AVE. SUITE 100 | 3.3 STREET ADDRESS | 5422 Carrier Drive, Suite 305 |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | Orlando, FL |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 407/363-7100

CR2E034 (11/98)

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