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PROFIT CORPORATION ANNUAL REPORT

1999

TRAVEL ASSOCIATES, INC.

DOCUMENT # J90787

1. Corporat on Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90218 025 ***150.00

	e of Business	Mailing Address				ł						
% EDITH B. SP 5101 BRITTANY ST. PETERSBUR	DRIVE SOUTH. 104	% EDITH B. SPRIGGS 5101 BRITTANY DRIVE SO ST. PETERSBURG FL 3371						ited or Qualife		S SPACE		
						¥ *,						
2. Principal Pl	lace of Business	2a. Mailing Address						-			<u> </u>	
21		26				59	<u> -284 1835</u>	<u> </u>				 -
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Ce	rtifcate of St	tatus Desired		* - · ·		
City & S ate		City & State				6. Election Campaign Financing S5.00 May Be						
23		28				Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cou	intry		8. Thi	is corporatio	n owes the cu	urrent year l	ntangible		
24	25	29	30			Pei	rsonal Prope	erty Tax.		_	[]]No
	9. Name and Address of Current	Registered Agent				10. Na	me and Ad	dress of New	v Registere	d Agent		
HUFZIGER, JERRY 8765 BARDMOOR BLVD #305 LARGO FL 33777					reet Acdre	HUF21GER DERRY Acdress (P.O. Box Number is Not Accepte 8350 LYNWOOD DR IMMO FMINOLF				L 85 2	Sip Co	ode 712
office or na agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligat of	Florida. Such change was fons of, Section 607.0505, Fl	uthorized orida Stat	d by the cutes.	corporatio	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Corporation Submits this statement for the purpose of changing its registered agriculture. FLORE STATE						
	Signature, typed or printed name of registered agent		<u> </u>	Agent sign	ature req iired			ANGES TO C		ND DIDEC	2700	C IN 42
12 <i>.</i>	OFFICERS AND							AMGES III			. 11 // 6	a IIV IZ
			13.		701		JITI JNS/CIT	WITCH TO C	JEFICERS .			
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14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa 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 office 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20.99

727 864-0499