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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90009 023 \*\*\*150.00

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DOCUMENT #

1. Corporation Name

HANDS TRAVEL INC

J96446

Principal Place of Business

Mailing Address

7603 GUNN Highway Suite C  
Tampa, FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1987

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANS K. SCHELLENBERG  
7603 GUNN H'way Suite C  
Tampa, FL 33625

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 President  
NAME Archer, Sandra  
STREET ADDRESS 7603 GUNN H'way  
CITY-ST-ZIP Tampa, FL 33625

TITLE V President/Tras.  
NAME Schellenberg, Hans K  
STREET ADDRESS 7603 GUNN H'way  
CITY-ST-ZIP Tampa, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Alternate Address  
NAME for Schellenberg  
STREET ADDRESS 12420 Wayne Rd  
CITY-ST-ZIP Odessa, FL 33556

TITLE Alternate Address  
NAME for Archer  
STREET ADDRESS N. Belmuck Blvd  
CITY-ST-ZIP Odessa, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/99

P13.920, 6696

CR2E034 (11/98)