

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **K16701**  
Corporation Name

**BEST OF TIMES TRAVEL, INC.**

Principal Place of Business  
405 NO. CONGRESS AVE.  
BOYNTON BCH. FL 33462

Mailing Address  
4705 NO. CONGRESS AVE.  
BOYNTON BCH. FL 33462

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90017 034 \*\*\*150.00  
09-13-1999 90002 003 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>405 NO. CONGRESS AVE.</b> Suite, Apt. #, etc. <b>1240 S. FEDERAL HWY</b> City & State <b>BOYNTON BEACH, FL</b> Zip <b>33435</b>	2a. Mailing Address <b>4705 NO. CONGRESS AVE.</b> Suite, Apt. #, etc. <b>1240 S. FEDERAL HWY.</b> City & State <b>BOYNTON BEACH, FL</b> Zip <b>33435</b>
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3. Date Incorporated or Qualified <b>03/02/1988</b>	4. FEI Number <b>65-0037089</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KAMEL, MAKRAM E.**  
**10273 ST ANDREWS RD.**  
**BOYNTON BCH. FL 33435**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>OFFICERS AND DIRECTORS</b>			
P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	<b>KIRBY, RORY</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<b>3148 VIA POINCIANA DR</b>	1.2 NAME	
	<b>LAKE WORTH FL</b>	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	<b>KAMEL, MAKRAM E.</b>	2.2 NAME	
ST-ZIP	<b>10273 ST ANDREWS RD</b>	2.3 STREET ADDRESS	
	<b>BOYNTON BCH. FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ET ADDRESS		4.4 CITY-ST-ZIP	
ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 in 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, upon an attachment with an address.

SIGNATURE:

**KAMEL, MAKRAM E.** 4/7/99 (56) 732-5690  
Date Daytime Phone #

CR2E034 (5/99)