

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90122 030 ***150.00

DOCUMENT # K42954

1. Corporation Name

MEDIA TRAVEL U.S.A., INC.



Principal Place of Business

Mailing Address

~~111 US HIGHWAY ONE~~
~~TEQUESTA FL 33469~~

~~111 US HIGHWAY ONE~~
~~TEQUESTA FL 33469~~

9810 ALT A1A
Suite 114
PAIM BEACH Gardens FL 33410

← SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1988

4. FEI Number

65-0081145

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAKSON, KATHERINE

~~111 US HIGHWAY 1~~
~~TEQUESTA FL 33410~~

81 Name

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

9810 ALT A1A, Suite 114

83

Suite 114

84 City

PAIM BEACH Gardens

FL

85 Zip Code

33410

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 **Lauri Berkeley**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Lauri Berkeley

3/9/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P ISAKSON, KATHERINE**

STREET ADDRESS **111 US HWY. ONE**

CITY-ST-ZIP **TEQUESTA FL**

TITLE ☐ DELETE

NAME **ST BERKELEY, LAURIE**

STREET ADDRESS **111 US HWY. ONE**

CITY-ST-ZIP **TEQUESTA FL**

TITLE ☐ DELETE

NAME **VP SPITZNAGEL, W. F**

STREET ADDRESS **P. O. BOX 87 N/A**

CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME **VP SPITZNAGEL, ROSEMARIE**

STREET ADDRESS **P. O. BOX 87 N/A**

CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

☐ Change ☐ Addition

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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:

Lauri Berkeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99
Date

561-624-2525
Daytime Phone #

CR2E034 (1/98)