## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81437

(1)

OLD TOWN TRAVEL, INC.

Principal Place of Business

΄,

Mailing Address

|--|--|

**FILED** 

Apr 24 1998 8:00am

Secretary of State

| 115 TAMIAMI<br>Punta Gordi<br>US                  |  |   | 115 tamaimi trail<br>Punta gorda fl 33950<br>US |                               |              |                                 | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/19/1989                                     |                      |                      |                          |  |
|---|--|---|---|-------------------------------|--------------|---------------------------------|---|----------------------|----------------------|--------------------------|--|
| 2. Principal Pl                                   | ace of Business  | 2a. Mailing   | Address   |                               |              |                                 | 4. FEI Number   |                      | Āр                   | plied For                |  |
| 21]   |  | 26  | ··· <u> </u>                                    |                               |              |                                 | 65-0124348  |                      |                      | t Applicable             |  |
| Sulte, Apt. 1                                     | #, etc.  | H1  | Suite, Apt. #, etc.                             |                               |              |                                 | 5. Certificate of Status Desired  | 7 -                  |                      | dditional                |  |
|   | T_#4164  |   | 27 UNIT #4164                                   |                               |              |                                 |   |                      |                      | quired                   |  |
| City & State                                      |  | City & S<br>28  | itate   |                               |              |                                 | 6. Election Campaign Financing Trust Fund Contribution  |                      |                      | May Be<br>o Fees         |  |
| Zip<br>24   | Country 25   | Zip<br><b>29</b>                                      |   | Counti                        | У            |                                 | <ol> <li>This corporation owes or has paid the operation of the Personal Property Tax due June 30.</li> </ol> | Yes                  |                      | angible<br>No            |  |
|   | 9. Name and Address of   | Current Registered Ag                                 | ent   |                               |              | <del></del>                     | 0. Name and Address of New Registers  | d Agent              |                      |                          |  |
| SAN   | NTIAGO, JANE A   |   |   | 81                            | l Na         | ame                             |   |                      |                      |                          |  |
| OLD TOWN TRAVEL, INC.<br>115 TAMIAMI TRAIL, #4164 |  |   |   |                               | <b>≥</b> Str | eet Address                     | (P.O. Box Number is Not Acceptable)   |                      |                      |                          |  |
|   | NTA GORDA FL 33950   |   |   | 83                            | 3            |                                 |   |                      |                      |                          |  |
|   |  |   |   | 84                            | Cit          |                                 | <u></u>   | 85                   | Zip C                | òde                      |  |
| office or re<br>agent. I ar<br>SIGNATURE          | othe provisions of Sections 6 selstered agent, or both, in the familiar with, and accept the second of pristed rame of regis | e State of Florida. Such<br>e obligations of, Section | chan <b>ge wa</b> s<br>607.0505, FI             | authorized b<br>orida Statute | y the<br>s.  | med corporation's corporation's | tion submits this statement for the purpose<br>s board of directors. I hereby accept the a                    | of chang<br>ppointme | ging its<br>ent as i | registered<br>registered |  |
| 12.   |  | RS AND DIRECTORS                                      |   | 13,                           |              |                                 | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRE              | CTOR                 | S IN 12                  |  |
| TITLE   | DV   |   | DELETE  | 1.1 TITLE                     |              |                                 |   | Ch                   |                      | Addition                 |  |
| . Name  | DUNN, SANDRA L.  |   |   | 1.2 NAME                      |              | İ                               |   |                      |                      | Ì                        |  |
| STREET ADDRESS                                    | 549 LOCKWOOD   |   |   | 1.3 STREE                     | T ADDR       | ESS                             |   |                      |                      |                          |  |
| CITY-ST-ZIP                                       | PORT CHARLOTTE FL  |   |   | 1.4 CITY -                    | ST - ZIP     | - 1                             |   |                      |                      | ĺ                        |  |
| TITLE   | DST  |   | DELETE  | 21 TITLE                      |              |                                 |   | Ch                   | ange                 | Addition                 |  |
| NAME  | JANE A. SANTIAGO   |   |   | 2.2 NAME                      |              |                                 |   |                      |                      | ļ                        |  |
| STREET ADDRESS                                    |  |   |   | 2.3 STREET ADDRESS            |              | ess (                           |   |                      |                      |                          |  |
| CITY-ST-ZIP                                       | PORT CHARLOTTE FL  |   |   | 2. 4 CITY                     | ST-ZIP       |                                 |   |                      |                      |                          |  |
| TITLE   |  |   | DELETE  | 3.1 TITLE                     |              |                                 |   | ☐ Ch                 | ange                 | Addition                 |  |
| NAME  |  |   |   | 3.2 NAME                      |              | Ì                               |   |                      |                      |                          |  |
| STREET ADDRESS                                    |  |   |   | 3.3 STREE                     |              | ess                             |   |                      |                      |                          |  |
| CITY-ST-ZIP                                       |  |   |   | 3.4. CITY-                    |              |                                 |   |                      |                      |                          |  |
| TITLE   |  |   | DELETE  | 4.1 TITLE                     |              |                                 |   | Ch                   | ange                 | Addition                 |  |
| NAME  |  |   |   | 4. 2 NAME                     | <u>:</u>     |                                 |   |                      |                      |                          |  |
| STREET ADDRESS                                    |  |   |   | 4.3 STREE                     | 1 ADDRI      | FSS                             |   |                      |                      | 1                        |  |
| CITY-ST-ZIP                                       |  |   |   | 4.4 CITY                      |              |                                 |   |                      |                      |                          |  |
| TITLE   |  |   | DELETE  | 5.1 TITLE                     | 01-211       |                                 |   | Ch                   | ange                 | Addition                 |  |
| NAME  |  | •   |   | 5.2 NAME                      |              | 1                               |   |                      | •-                   |                          |  |
| STREET ADDRESS                                    |  |   |   | 5.3 STREE                     | t Yuubi      | £66                             |   |                      |                      |                          |  |
|   |  |   |   | 5.4 CITY-                     |              | 133                             |   |                      |                      |                          |  |
| CITY-ST-ZIP<br>TITLE                              |  |   | DELETE  | 6.1 TITLE                     | 31-21P       | <del></del>                     |   | Ch                   | anne                 | Addition                 |  |
| NAME  |  | •   |   | 6.2 NAME                      |              |                                 |   | ان ب                 | 190                  |                          |  |
|   |  |   |   |                               |              |                                 |   |                      |                      | J                        |  |
| STREET ADDRESS                                    |  |   |   | 6.3 STREE                     | I ADDRE      | ESS                             |   |                      |                      |                          |  |

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 is changed, or on an attachment with an address.

SIGNATURE:

a a Rentração

JANE A. SANTIAGO 4/17/98

4/17/98 (941)639-0999

ZE034 (10/97)