PROFI CORPORA ANNUAL RI	T JION EPORT		FTER MAY 1 IS \$225.00  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State								
1990		_									
DOCUMENT # L45955 (6)											
LET'S TALK	TRAVEL , INC.						l is bei the winds to the annual tree	6 <b>8</b> 114 <b>8</b> 1416 <b>8</b> 1410			
Principal Place of Busin	Ace		piling Address								
% CHARLOTTE DOSS 8328 35TH AVENUE N ST PETERSBURG FL	iorth	6	ailing Address % Charlotte Doss 1928 35th Avenue No St Petersburg FL 33								
e District Class (D.		····					<ol> <li>Date Incorporated or Qualified 01/18/1990</li> </ol>	3a. Date 03	of Last Ri <b>/07/19</b> (		
Principal Place of Business     Total			2a. Mailing Address 26				4. FEI Number 59-2985953			Applied For	7
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	Not Applicable Additional	$\exists$
City & State			City & State				Election Campaign Financing     Trust Fund Contribution	Fee Required  \$5.00 May Be Added to Fees			-
Zip 24	¬ ·			Zip Coun 9 30			8. This corporation has liability for intangible tax under s 199 Florida Statutes X Yes \( \backslash \) No				1
9. Na	me and Address of Curre		lered Agent	1001	Ι_		10. Name and Address of New R		gent		-
DOSS, CHARLO 8328 35TH AVE ST PETERSBUR	NUE NORTH G FL 33710				82 83 84	City	ass (P.O. Box Number is Not Acceptab	FI	1 .	) Code	
or registered agent,	visions of Sections 607.0502 or both, in the State of Flori scept the obligations of, Sec	Get. OURT	CDancie was aumonze	s, the ab d by the	corp	named corpora poration's board	ation submits this statement for the pur of directors. I hereby accept the appo		iging its re egistered	egistered office agent. Fam	)
SIGNATURE	ped or printed name of registered agon										
12.	OFFICERS AN			13.		r.1 signature required	when reinstating!  ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	DIRECTO	DQ INI 10	- 6
TITLE D			☐ DELETE						Change	Addition	(12/95)
	S, HUGH			1.2 /	IAME						4
OT D	35TH AVE N ETERSBURG FL					ADDRESS					Ü
TITLE D	LI LIODONO I C	·	DELETE		HTY - S TITLE	ST-ZIP			Chann	FM Adams.	CR2E03
	S, CHARLOTTE		Бист		IAME			L	Change	Addition	
	35TH AVE N					ADDRESS					
CITY-ST-ZIP ST P	etersburg fl			240	)TY · S	ST - <b>Z</b> IP					
TITLE			DELETE	3 1					Change	Addition	
NAME CIRCLI ADDRECC					AME						
STREET ADDRESS CITY - ST - ZIP						T ADDRESS					
TITLE			DELETE 4.11			ST-ZIP			Change	Addition	-
NAME	ne l			4.2 N			Change Auc			T] FOOTION	
STREET ADDRESS				4		ADDRESS				•	
City-St-ZiP		<del>-</del>		4.4 0	iTy-S	I- ZIP					
TITLE			DELETE	5. 1					Change	Addition	1
NAME CTREET ADDRESS				5.2 N							
STREET ADDRESS				538	TREET	ADDRESS					1

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation of 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.

54 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Presion Presion OFFICER OF DIRECTOR President

DELETE

4/29/96

(813) 345-1741 Daytimic Prione #

Change

Addition