

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 29, 1999 8:00 am
Secretary of State

03-29-1999 90101 029 ***150.00

DOCUMENT # **L47947**

1. Corporation Name
COMPLETE TRAVEL, INC.

Principal Place of Business
**915 EAST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33334
US**

Mailing Address
**915 EAST CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1990

4. FEI Number

65-0168263

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 **915 EAST CYPRESS CREEK RD** 26
Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSALIND, LISA BETH
915 EAST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33334**

81 Name

ROSALIND LISABETH

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 **D** ☐ DELETE

NAME **LISABETH, ROSALIND**
STREET ADDRESS **7920 SONORA STREET**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **ALTERMAN, SHEILA B.**
STREET ADDRESS **7850 NW 5TH PLACE**
CITY-ST-ZIP **PLANTATION FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: **Rosalind Lisabeth**

SIGNATURE REQUIRED **ROSALIND LISABETH**

3/26/99

Date

(954) 771-0081

Daytime Phone #

CR2E034 (11/98)