Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90083 014 ***150.00

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

OCHMENT # L CC

	MENI # L53652				
1. Corporation	^{n Name} N orld Tours and Trav	IEL INC			
SIVIALL V	WORLD TOURS AND THAY	EL, INC		s constant and didd state from that state man	A1411 A1811 A1811 A1811 A1811 (88)
Principal Place	e of Business	Mailing Address) idelidis ani airea izira amai amia man	OTALL BIOST GIGHT STRIT BIBIT 1881
1950 LEE RD.		1950 LEE RD.			
STE. 104		STE: 104			
		WINTER PARK FL 32789		DO NOT WRITE IN THIS	S SPACE
บร		US		 Date Incorporated or Qualified 02/28/1990 	•
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3031252	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional .
22		27		5. Certificate of Guitas Decired	Fee Required
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29	30	Personal Property Tax.	∐Yes XiNo
24	9. Name and Address of Curre			10. Name and Address of New Registered	1 Agent
			81 Name		
Mackey, Phyllis Gietze			82 Street A	Address (P.O. Box Number is Not Acceptable)	
1484 OBERLIN TERR			oz Sireer A	douress (F.O. Box Mulliber is Not Acceptable)	
LAKI	E MARY FL 32746		83	***	
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named of	corporation submits this statement for the purpose of	of changing its registered
office or r	egistered agent, or both, in the State orn familiar with, and accept the oblig	e of Florida. Such change was au	tnorized by the corpo	ration's board of directors. I hereby accept the appoint	ontment as registered
_	im ramiliar with, and accept the oblig	parents of, section 607.0303, Pion	ua Statutes.	2-10	2-99
SIGNATURE	Signature, typed a printed name of registered ag	ent and fitle if applicable (NOTE: I	Registered Agent signature re	equired when reinstating) DATE	2-99
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	₩ DELETE	1.1 TITLE	PD.	☐ Change
NAME	MACKEY, PHYLLIS G		1.2 NAME	RICHARD M MACKEY OR	
STREET ADDRESS	1484 OBERLIN TERR		1.3 STREET ADDRESS	1484 OBERIN TERR	
CITY-ST-ZIP	LAKE MARY FL		1,4 CITY-ST-ZIP	PD RICHARD M MACKEY SR 1484 OBERIIN TERR LAKE MARY, FL 32744	
TITLE	STV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, PHYLLIS G		2.2 NAME		•
STREET ADDRESS	4404 OPEDLINI TEDD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		2, 4 CITY-ST-ZIP	- •	T. 7 **
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	[5.2 NAME		—
1			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
TITLE		□ pereie	6.2 NAME		
NAME	1		•		·
1	l ·		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Ruhanel on mocke

407 638-4334 Daytime Phone #