SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1998

DOCUMENT # L58170

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

98 JUL 21, AM 9: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TROPICA	AL CONNECTIONS TRAVE	L, INC.		
	•			
Principal Place		Mailing Address		
26236 US 19 NORTH CLEARWATER FL 34621		26236 US 19 NORTH CLEARWATER FL 34621		
CLOSED Store from		US /		DO NOT WRITE IN THIS SPACE
CLOSE	3 0101-			3. Date Incorporated or Qualified
		W		03/19/1990
2. Principal Place of Business		20. Mailing Address	1/ 1 .	4. FEI Number Applied For
21		The last transfer to the same of	llom M	59-2999497 Not Applicable
Sulte, Apt. #	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired
City & State		City & State		<u></u>
	3	28 CATISBAD	(LA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 🖋 Zip	Country	20 CAY (3134)(3	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 92009 3	อีบัSA	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curro	and the substitute of the contract of the		10. Name and Address of New Registered Agent
SMIT	H, TERIE		81 Name	Smith, Terie
26238 US 19 NORTH			82 Street A	Address (P.O. Box Number is Not Acceptable)
	ARWATER PL 34621		OZ CIRECTA	O. DOX HUILIDO IS HO! Acceptable?
			83 5	085 Ensign Loop
• •			84 Cit	85 Zin Code
			Neu	okat Kicheu Th
11. Pursuant	to the provisions of sections 607,050	02 and 607.1508, Florida Statutes,	the above-named co	prporation submits this statement for the purpose of changing its registered
o⊓ice or r agent. ∫.a	registered agent, or both, in the Stat am amiliar with, and accept the oblig	geti/ns/nf, section 607.0505, Flore	monzed by the corpo da Statutes.	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	OX MORE	MIN X		71,3198
	Signature typed or printed name of registered ag		Registered Agent signature	
12.	PD OFFICERS A	IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MCGILL-SMITH, TERI	L_ DELETE	1.2 NAME	MCCill-SMith Terie
STREET ADDRESS	542 LONGWOOD CIRCLE		1.3 STREET ADDRESS	1948 56Allow LN
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP	CAMISBAD CA 92009
TITLE	SID	DELETE	24 70715	STD Change Additi
NAME	SMITH, PETER J.	Carl beach	22 NAME	Smith, Peter J
STREET ADDRESS	542 LONGWOOD CIRCLE		2 3 STREET ADDRESS	1948 SWALLOW LANE
CITY-ST-ZIP	OLDSMAR FL			CAMSBIAD CA 9,2009
TITLE		DELETE	3.1 TITLE	Change Addition
NAME		(1)	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	-07/29/98 01083011
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****150.00 ****150.0
TITLE				
NAME)		DELETE	4.1 TITLE	Change Additi
		DELETE	4.1 TITLE 4.2 NAME	Change L Additi
STREET ADDRESS		DELETE	1	L Change L Additi
STREET ADDRESS CVTY-ST-ZIP		DELETE	4.2 NAME	L Change L Additi
		DELETE	4.2 NAME 4.3 STREET ADDRESS	Change Additi
CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
Crty-ST-ZIP TILE			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	
CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP			42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE			42 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	
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CITY-ST-ZIP TI LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	wills that the information emplied will	DELETE	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 ☐ Additi

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 mits viceiver 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 effective my name appears.



TO: FLORIDA DEPARTMENT OF STATE

Upon receiving another annual report titled (2ND NOTICE) I phoned your office immediately. I thought perhaps, our lines had crossed in the mail. I received the 1st one, and was very aware that it needed to paid or the fee would be higher. I have enclosed a copy of my check stub and after I talked with your office issued a stop payment on my check. I have no idea where my payment has gone to . I never received it back . I still believe it is there somewhere on its way to you. As instructed, I have filled out the form once more, corrected my address (which has now changed) and enclosed a new check. I have just moved to the state of California. Do I have to do anything further? If you could please correspond or phone me at my adress below. I thank you for your time.

Tropical Connections Travel Inc. c/o Terie McGill-Smith 1948 Swallow Lane Carlsbad CA 92009 (760) 918-0865