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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L64753

1998

(1)

TRAVEL CONNECTIONS UNLIMITED, INC.

**FILED** May 11 1998 8:00am Secretary of State



Principal Place	e of Busines	S	Malling Add	iress					
3090 ALOMA AVE SUITE 125 WINTER PARK FL 32792				3090 ALOMA AVE SUITE 125 WINTER PARK FL 32792			·		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 04/09/1990		
Principal Pi	ace of Busi	ness	2a. Mailing	Address	· · · · ·		4. FEI Number Applied	d For	
1			26	26			<b>59-3002545</b> Not App	plicabl	
Sulle, Apt. (	#, etc.		Suite, Ag	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred		
City & State	)		Cily & S	tate			6. Election Campaign Financing \$5.00 May		
]		Country	28 Zip		Countr		Troot forth de la salari.		
Zip		<b>⊢</b> ъ ′			30	у	8. This corporation owes or has paid the current year Intargit Personal Property Tax due June 30.  Yes		
	o Name	end Address of C	urrent Registered Ag				10. Name and Address of New Registered Agent		
	<u></u>	···································			81	Name			
	RRY, HILD/					<u> </u>			
		AVE SUITE 125				82 Street Address (P.O. Box Number is Not Acceptable)			
AAIN	iiek Parr	FL 32792			8:	3			
					84	City	<b>p 85</b> Zip Code		
						<u> </u>	corporation submits this statement for the purpose of changing its reg		
office or re agent. I ar	egistered as	aeut, or both, in the	State of Florida, Such obligations of, Section	change was	authorized t	ov the corp	poration's board of directors. I heroby accept the appointment as regis	stered	
IGNATURE .	Signature typed		red agent and title il applicable	(NO	TF: Registered A	gent signature	e required when reinstating) DATE		
2.		OFFICER	S AND DIRECTORS	<b>-</b>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
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ITY-ST-ZIP	. <u></u>			DELETE	5.4 CITY- 6.1 TITLE		Change	Additi	
·				OLLLIE	6.2 NAME				
NAME						ł			
						- 1			
	partifu that th	ne information energy	and with this taken door	s not qualify	f At		Led in Section 119.07(3)(i). Florida Statutes. I further certify that the infor	rmatio	
STREET ADDRESS CITY-ST-ZIP  14. I hereby of indicated officer or of Block 12 of the control of t	certify that the on this anni director of the or Block 13	ne information pupple ual report or supple he corporation or the if changed, or on a	ied with this filing does mental annual report is c receiver or trustee a rattachment with an b	s not qualify strue and ac mpowered to ddress.	6.4 CITY		led in Section 119.07(3)(i), Florida Statutes. I further certify that the infognature shall have the same legal effect as if made under oath; that I as required by Chapter 607, Florida Statutes; and that my name appear	3	