


FILED
May 13, 1999 8:00 am
Secretary of State

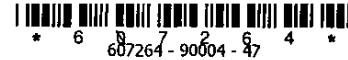
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L 64-153

1. Corporation Name

TRAVEL CONNECTIONS UNLIMITED INC. ✓



Principal Place of Business 3090 ALOMA AVE H 125 WINTER PARK FL 32792	Mailing Address 3090 ALOMA AVE H 125 WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/7/90

2. Principal Place of Business 21 3090 ALOMA AVE Suite, Apt. #, etc. 22 125 City & State 23 WINTER PARK FL Zip Country 24 32792 25	2a. Mailing Address 26 3090 ALOMA AVE Suite, Apt. #, etc. 27 125 City & State 28 WINTER PARK FL Zip Country 29 32792 30	4. FEI Number 57-3002545 ✓ Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Ingrid Goldberg
 A Plus Acctng
 118 West Orange St Ste 100
 Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Hilda Curry

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilda Curry	1.2 NAME	
STREET ADDRESS	3090 ALOMA AVE Ste 125	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	1.4 CITY-ST-ZIP	
TITLE	Ness Curry Sec.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	3090 ALOMA AVE Ste 125	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Hilda Curry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Daytime Phone #

CR2E034 (11/98)