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

- PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L8649

(8)

BAY AREA TRAVEL, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business  2609 BAY TO BAY BLVD BUTIE 109 TAMPA FL 33629		· ·	Mailing Address 2909 BAY TO BAY BLVD SUITE 109 TAMPA FL 33629					PIN GIGIN SISII GI	• N • N • N • N • N • N • N • N • N • N	
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US		U\$				3. Date Incorporated or Qualif	iod		"	
6 Principal I	Place of Programs	As Malling Address				07/06/1990				
2. Principal Place of Business		26, Mailing Address	2e. Mailing Address			4. FEI Number		h	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3018977		<del> </del>	Not Applicable Additional	
22		27	27			5. Certificate of Status Desired	ı U		Required	
City & Sta	ate	Cily & State				6. Election Campaign Financin	ng	\$5.00	0 May Be	
23		28	<del>т-х</del> -			Trust Fund Contribution		Added	d to Fees	
Zip	Country	Ζφ	Country	У		8. This corporation owes or ha			<b>—</b> ~	
24	25 25 Name and Address of Curr	rent Registered Agent	30			Personal Property Tax due .  10. Name and Address of Nev			∐ No	
DE	EMO, ARMANDO G JR		81	l Nam	ie	10.				
	'06 MAPLE LAKE PLACE		82	Otro	at Addrson	ss (P.O. Box Number is Not Acce	ntable)			
	MPA FL 33635		02	3116	at Addings	SS (F.O. BOX NUMBER IS NOT ACCE	ptable)			
	·		83	3						
			84	City				. 85 Zip	Code	
							F			
I Office of	t to the provisions of Sections 607.0 registered agent, or both, in the St	ate of Florida, Such change was	authorized b	ov the c	ed corpor orporeition	ration submits this statement for I n's board of directors. I hereby a	the purpose ccept the a	of changing opointment a	its registered is registered	
_	am familiar with, and accept the ob	argations of, Section 607.0505, F	Iorida Statute	es.						
agent. I a SIGNATURE				es.	ura teguirad	wtop reinslating)	DATE	-ma		
_	Signature typed or printed from a of respectived		Iorida Statute  II Registered Ag  13.	es.	ura requirad	<del>-</del>	DATE DEFICERS A		PRS IN 12	
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CITY-ST-ZIP

14. Thereby 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 of 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.