

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

DOCUMENT # L86493

1. Corporation Name

BAY AREA TRAVEL, INC.

Principal Place of Business

2909 BAY TO BAY BLVD
SUITE 109
TAMPA FL 33629
US

Mailing Address

2909 BAY TO BAY BLVD
SUITE 109
TAMPA FL 33629
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REMO, ARMANDO G JR
8706 MAPLE LAKE PLACE
TAMPA FL 33635

3. Date Incorporated or Qualified

07/06/1990

4. FEI Number

59-3018977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME KNOPKE, WILLIAM C II
STREET ADDRESS 2909 BAY TO BAY BLVD 109
CITY-ST-ZIP TAMPA FL

TITLE DP ☐ DELETE

NAME LEE, BRAIN M
STREET ADDRESS 2909 BAY TO BAY BLVD 109
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME REMO, ARMANDO G
STREET ADDRESS 2909 BAY TO BAY BLVD 109
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME DOUTHITT, AMY L
STREET ADDRESS 2909 BAY TO BAY BLVD. STE 109
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME KRUSEN, WILLIAM A
STREET ADDRESS 3110 ACAWAM STREET
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

☒ Addition

☐ Change

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☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98

Date

(813) 839-1677

Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90177 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/98)