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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M71118

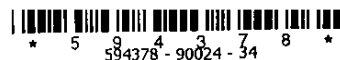
1. Corporation Name

GRAY & ASSOCIATES TRAVEL INC

Principal Place of Business

Mailing Address

3845 WOOLBRIGHT RD SUITE 12
 BOYNTON BEACH, FL. 33436



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 1987

4. FEI Number

65-0025747

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax

☐Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3845 WOOLBRIGHT RD.

28 Suite, Apt. #, etc.

22 SUITE 12

27 Suite, Apt. #, etc.

23 BOYNTON BEACH, FL

27 City & State

24 33436

28 City & State

25 USA

29 Zip

26

30 Country

8. Name and Address of Current Registered Agent

MARIA DEL CAMINO GRAY
 943 GARDENIA DRIVE
 DELRAY BEACH FL 33483

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 adopts 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 Maria del Camino Gray

(NOTE: Registered Agent signature required when registering)

1 July 99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DIRECTOR
 NAME CHRISTOPHER H. GRAY
 STREET ADDRESS 3845 WOOLBRIGHT RD.
 CITY-ST-ZIP BOYNTON BEACH, FL. 33436

TITLE DIRECTOR
 NAME MARIA DEL CAMINO GRAY
 STREET ADDRESS - SAME -
 CITY-ST-ZIP - SAME -

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change☐ Addition

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

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 person 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: Christopher H. Gray 6/1/99 732-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)