

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 MAR 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40525

1. Corporation Name

TIME TRAVELERS, INC.

Principal Place of Business

750 N. MAITLAND AVE.
MAITLAND FL 32751

Mailing Address

750 N. MAITLAND AVE.
MAITLAND FL 32751



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 200 North Thornton Ave		10/22/1990	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Orlando, Florida		59-3040910	
24 Country		29 Zip 32801		Country	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RANDALL C
750 N. MAITLAND AVE.
MAITLAND FL 32751

81 Name Randall C. Smith, Esq
82 Street Address (P.O. Box Number is Not Acceptable)
200 North Thornton Avenue
83
84 City Orlando FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFF, TODD	1.2 NAME	
STREET ADDRESS	401 E. SEMORAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOEGLIN, NANCY	2.2 NAME	
STREET ADDRESS	401 E. SEMORAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, ROBERT	3.2 NAME	
STREET ADDRESS	401 E. SEMORAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	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 617, 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:

Nancy Voegtlin

Nancy Voegtlin, Sec. 2/26/99

(407) 767-2977