

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

APPROVED
AND
FILED

99 OCT 20 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003482

1. Corporation Name
ABOVE AND BEYOND TRAVEL AGENCY, INC.



Principal Place of Business Mailing Address
50 HWY 64 WEST 17 NW 168 ST
HAYESVILLE NC 28904 MIAMI FL 33169
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3150176	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BOOKMAN, RAYMOND A
17 NW 168 STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent	
81 Name	Marshall Brown
82 Street Address (P.O. Box Number is Not Acceptable)	121 Buttonwood Circle
83	
84 City	Largo
85	FL
86 Zip Code	33777

1. 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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE CASCA	1.2 NAME	DIANE CASCA
STREET ADDRESS	P.O. BOX 1383 N/A	1.3 STREET ADDRESS	1603 Fahn Stock Street
CITY-ST-ZIP	MY DORA FL	1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLLETTE P	2.2 NAME	Collette P. Brown
STREET ADDRESS	P.O. BOX 1383 N/A	2.3 STREET ADDRESS	121 Buttonwood Circle
CITY-ST-ZIP	MT DORA FL	2.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 provided 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

828-389-33



Above & Beyond Under the Sun

165 Hwy. 64 West Suite 2, Hayterville NC 28904

828-389-3357 * 800-280-3357 * 828-389-3269 Fax * Email abtravel@dn.net

OCTOBER 18, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIRs & MADAMS:

YOU HAVE DISSOLVED OUR CORPORATION IN SPITE OF THE FACT THAT WE PAID OUR ANNUAL FEE IN APRIL, 1999 (COPY OF CHECK FRONT AND BACK ENCLOSED) AND IN SPITE OF THE LETTER WE WROTE YOU IN JULY (COPY ENCLOSED) AND THE PHONE CALL I MADE TO YOUR OFFICE IN JULY AT WHICH TIME I WAS TOLD THAT OUR REPORT SIMPLY HAD NOT BEEN PROCESSED (COPY OF PHONE CALL ENCLOSED).

WHEN WE RECEIVED YOUR NOTICE OF DISSOLUTION ON OCTOBER 14, 1999, PATRICIA BROWN CALLED YOUR OFFICE AND WAS TOLD THAT THE REASON FOR YOUR HAVING DISSOLVED THE CORPORATION WAS BECAUSE MARSHALL BROWN HAD NOT SIGNED THE ANNUAL REPORT WHEN IT WAS SENT IN IN APRIL. THIS WAS THE FIRST TIME WE WERE INFORMED WHAT THE PROBLEM WAS. I AM ENCLOSING A COPY OF OUR ANNUAL REPORT WITH MARSHALL BROWN'S SIGNATURE ON IT.

PLEASE TAKE CARE OF REINSTATING THIS CORPORATION IMMEDIATELY AND AT NO EXTRA COST TO THIS CORPORATION.

SINCERELY,

CHARLES M. BROWN
COMPTROLLER

ENCLS.