

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000006142 (3)**
1. Corporation Name

COLONY CROSSINGS TRAVEL INC.

Principal Place of Business 10045 W HILLSBOROUGH AVE TAMPA FL 33615	Mailing Address 10045 W HILLSBOROUGH AVE TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/19/1992	
4. FEI Number 59-3152462		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MCILVAINE, ED
10045 W. HILLSBOROUGH AVE.
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name	BROMLEY, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)	10045 W. HILLSBOROUGH AVE
83	
84 City	TAMPA
85 Zip Code	FL 33615

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 Michael J. Bromley **MICHAEL BROMLEY** **9/7/98**
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	P	1.1 TITLE	PRESIDENT
NAME	MCILVAINE, ED	1.2 NAME	MICHAEL BROMLEY
STREET ADDRESS	10045 W. HILLSBOROUGH AVE.	1.3 STREET ADDRESS	19700 WYNDCLIFF DRIVE
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	ODessa, FL 33556
TITLE		2.1 TITLE	SECRETARY/TREASURER
NAME		2.2 NAME	RODNEY J. WILKINSON
STREET ADDRESS		2.3 STREET ADDRESS	2576 NORTH 860 EAST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PROVO, UT 84604
TITLE		3.1 TITLE	STERLEY PONTIUS
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	16767 MAPLEWELD AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BURien, WA 98166
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Bromley **MICHAEL BROMLEY** **9/7/98** **(813) 888-5099**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (5/98)