

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

1042

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC 18 PM 2:21

DOCUMENT # P92000006966 (5)

1. Corporation Name
SECURITY TRAVEL USA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4524 W. VILLAGE DRIVE
STE A
TAMPA FL 33624
US

Mailing Address
~~4534 W VILLAGE DR~~
~~STE A~~
~~TAMPA FL 33624~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date incorporated or Qualified	11/23/1992
4. FEI Number	59-3145924
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$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

g. Name and Address of Current Registered Agent
O'BRIEN, DANIEL
4534 W. VILLAGE DR
STE A
TAMPA FL 33624

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 607.1506, 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	PTD
NAME	O'BRIEN, DANIEL
STREET ADDRESS	16112 MARSHFIELD DR.
CITY-ST-ZIP	TAMPA FL
TITLE	VSD
NAME	O'BRIEN, LINNAE
STREET ADDRESS	16112 MARSHFIELD DR.
CITY-ST-ZIP	TAMPA FL
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	
1.1 TITLE	PN/D/CM
1.2 NAME	O'Brien, Daniel
1.3 STREET ADDRESS	235 9th Ave. NE.
1.4 CITY-ST-ZIP	St. Pete, FL 33701
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S/T
3.2 NAME	DAWN PURVIS
3.3 STREET ADDRESS	235 9th Ave. NE.
3.4 CITY-ST-ZIP	St. Pete, FL 33701
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 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0381188

CR2E034 (10/97)



2012

"The Answer To All Your Travel Needs"

Dear Sir or Madam,

This is in regard to the delinquent filing of our 1998 Corporate Annual Report (enclosed , with our check for \$150.00).

We realize this filing is delinquent, yet the reasons for this late filing were beyond our control:

- #1 The owners (that were husband/wife) went through a divorce.
 - #2 The ex-wife was left running the company (ex-husband was silent partner) and she experienced a death in her immediate family.
 - #3 This resulted in the ex-husband buying out the ex-wife.
- We respectfully request that you abate the late fees.

Please note the change of ownership, mailing address, deletion of former V/S/D, & addition of new S/T.

Thank you for your consideration. Please call me with the outcome of this request or if you have any questions. 727-898-0555

Sincerely,

Dawn Purvis
Sec./Treas.