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

PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90005 001 ***150.00
01-28-2000 90018 001 ***308.75

DOCUMENT # P93000022093

1. Corporation Name
TRAVEL UNLIMITED, INC.

Principal Place of Business	Mailing Address
4625 NORTH A1A VERO BEACH FL 32963	4625 NORTH A1A VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993

2. Principal Place of Business: 2076 NEVARRA AVE	2a. Mailing Address: 2076 NEVARRA AVE
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): Vero Beach FL	City & State (28): VERO BEACH FL
Zip (24): 32960 Country (25): USA	Zip (29): 32960 Country (30): USA

4. FEI Number: 65-0397056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDER, BARBARA C
4625 NORTH A1A
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: Rider Barbara C
82 Street Address (P.O. Box Number is Not Acceptable): 1377 SW 24th LANE
83:
84 City: Palm City FL 85 Zip Code: 34990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDER, BARBARA C 4625 NORTH A1A VERO BEACH FL 32963	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Rider, Barbara BC 1377 SW 24th LANE Palm City FL 34990	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, MONA M 4625 NORTH A1A VERO BEACH FL 32963	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ~~Mona~~ Shaffer, Mona M 2076 NEVARRA AVE Vero Beach FL 32960	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ 01MAY00 _____ 561-234-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #