

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90063 045 ***150.00

DOCUMENT # P93000023290

1. Corporation Name

PREMIER TRAVEL, INC.



Principal Place of Business

Mailing Address

~~5500 WEST LAKE BUTLER ROAD~~
~~WINDERMERE FL 32081~~
~~XXXXXX~~

~~5500 WEST LAKE BUTLER ROAD~~
~~WINDERMERE FL 32081~~
~~XXXX~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

4. FEI Number

59-3170535

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

2. Principal Place of Business

2a. Mailing Address

21 1781 Park Center Dr.

26 1781 Park Center DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL -

28 Orlando, FL

Zip Country

Zip Country

24 32835

25 USA

29 32835

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 607.1508, 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 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 ☒ DELETE
NAME MAJORS, KENNETH B
STREET ADDRESS 5500 WEST LAKE BUTLER ROAD
CITY-ST-ZIP WINDERMERE FL

TITLE D ☒ DELETE
NAME MAJORS, CARON
STREET ADDRESS 5500 WEST LAKE BUTLER ROAD
CITY-ST-ZIP WINDERMERE FL

TITLE VD ☒ DELETE
NAME LAXSON, HAZEL J
STREET ADDRESS 2213 WHALER WAY
CITY-ST-ZIP WINDERMERE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President & Director ☒ Change ☒ Addition
1.2 NAME L. Steven Miller
1.3 STREET ADDRESS 1781 Park Center Drive
1.4 CITY-ST-ZIP Orlando, FL 32835

2.1 TITLE Treasurer & Director ☒ Change ☒ Addition
2.2 NAME Richard Goodman
2.3 STREET ADDRESS 1781 Park Center Drive
2.4 CITY-ST-ZIP Orlando, FL 32835

3.1 TITLE Secretary & Director ☒ Change ☒ Addition
3.2 NAME Thomas A. Bell
3.3 STREET ADDRESS 1781 Park Center Drive
3.4 CITY-ST-ZIP Orlando, FL 32835

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: *Thomas A. Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Bell

3/24/99

(407) 532-1000

Date

Daytime Phone #

CR2E034 (11/98)