Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May.Be ___

Added to Fees

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

DOCUMENT # POSOCOOS512

1. Corporation SPECIAL	T TRAVEL SERVICE, IN	NC.						
Principal Place	of Business	Mailing Address						
529 N. FERN CR ORLANDO FL 32 US		529 N FERNCREEK ORLANDO FL 32800		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1993				
2. Principal Pla	ace of Business	2a. Mailing Addres	is .	4. FEI Number 59-3181280				
Suite, Apt. #	t, etc.	Suite, Apt. #, e	etc.	5. Certificate of Status Desired				
City & State		City & State		6. Election Campaign Financing S5 Trust Fund Contribution Ad				
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year Intangible Personal Property Tax.				
1	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent				
529 N	DS, J. D N FERNCREEK AV			Address (P.O. Box Number is Not Acceptable)				
			00					

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90184 025 ***150.00



TITLE	ORLANDO FL 32803			83					
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 register 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, and the fire obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE VPD DELETE 1: TITLE FIELDS, TRACI L 12 NAME STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP TITLE VPSD DELETE 2: TITLE VPSD DELETE 2: TITLE VPSD DELETE 3: TITLE VPSD DELETE 3: TITLE VPSD DELETE 3: TITLE VPSD DELETE 3: TITLE VPT DELETE 3: TITLE T				84	City	FI	85	Zip C	ode
Signature, typed or primeter name of registrered agent and talle if applicables. (NOTE: Registrered Agent signature required when reinstating) DATE	office or re	egistered agent, or both, in the State of Florida, Such	i change was author	zed by	ine con	d corporation submits this statement for the purpose of	changi	ng its r as regi	egistered istered
TITLE VPD	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Regis	ered Age	nt signature	e required when reinstating) DATE			
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NAME			☐ DELETE 2	1 TITLE			Ch	ange	☐ Addition
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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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	CITY-ST-ZIP								

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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #