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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000041654

CK# 5528

1. Corporation Name
TRAVEL OPTIONS & ASSOCIATES, INC.

2/28/99



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6705 CONROY WINDERMERE RD, ORLANDO FL 32835, US
Mailing Address: 6705 CONROY WINDERMERE RD, ORLANDO FL 32835, US

3. Date Incorporated or Qualified: 06/07/1993

2. Principal Place of Business: 1705 CONROY WINDERMERE RD, ORLANDO FL 32835, US
2a. Mailing Address: PO Box 1937

4. FEI Number: 59-3184898

22. City & State: ORLANDO FL
28. City & State: WINDERMERE FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 32835, Country: USA
29. Zip: 34786, Country: USA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: DE YOUNG, LINDA F, 1705 WIND HARBOR RD, ORLANDO FL 32801

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
P DEYOUNG, LINDA, 1705 WIND HARBOR RD, ORLANDO FL
VP KELLY, SUE, 20 E VICK, OAKLAND FL
S ANDERSON, JANET RENE, 5724 BEAR LAKE CIR, APOPKA FL
T DEYOUNG, STEPHEN J., 1705 WIND HARBOR RD, ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
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, with all other like empowered.

SIGNATURE: Linda DeYoung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 407-521-8566
Date Daytime Phone #

CR2E034 (1/198)