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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043112 (0)

PRESTIGE TRAVEL SERVICES II INC.

Bringing Place	o of flurinos	Moilure Addrone			
Principal Place of Business 4100 W KENNEDY BLVD SUITE 100 TAMPA FL 33609		Mailing Address 4100 W KENNEDY BLVD SUITE 100 TAMPA FL 33609			
				DO NOT WRITE IN THIS SPACE	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3187610	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te -	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 25 Common		30	Personal Property Tax due June 30.	Yes 🔀 No
	Name and Address of Curre	int negistered Agent	81 Name	10. Name and Address of New Register	ea Agent
	SCALA, ANITA				
4100 W KENNEDY BLVD SUITE 100			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MPA FL 33609		83		
''"	M 4 E 90000		84 City		85 Zip Code
			' ' '		~L
11, Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the above-named corporation the corporation in the corporation is the corporation in	poration submits this statement for the purpostion's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. La		7		tion's board of directors. I hereby accept the	2/0#
SIGNATURE	Signature, typed or profited name of registered as	2 Hn	Ha LaSc al a		748
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	LASCALA, ANITA		1.2 NAME		
STREET ADDRESS	5814 SCHOONER WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VP Lascala, ron	□ vereit	2.1 TITLE 2.2 NAME		Charige Chargonion
STREET ADDRESS	5814 SCHOONER WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-7IP		
TITLE	ŠT	DELETE	3.1 TITLE		Change Addition
NAME	LASCALA, KIMBERLY D		3.2 NAME		
STREET ADDRESS	5814 SCHOONER WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STORET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ D e lete	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETÉ	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7/P			64 CITY - ST - 7IP		

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.

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FILED

May 14 1998 8:00am

Secretary of State