## 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 # **P9400007611**

TEAM TRAVEL INC

## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90210 025 \*\*\*150.00

1	NAVEL, INC.								
Principal Place	e of Business	Mailing Address			<del></del>		II <b>89</b> III 1 <b>89i</b>	#11 <b>#</b> 11#	E1 1584 1886
6161 NINTH ST	I. NORTH	6161 NINTH ST. NORTH							
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed	,		
						01/31/1994			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Appli	ed For
21		26				59-3222260		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	5 Add Regu	ditional
City & Stat	<u> </u>	City & State				6. Election Campaign Financing		9 <b>Ке</b> ци <b>00</b> ма	
23		28				Trust Fund Contribution		ed to i	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible		
24	25	29	30			Personal Property Tax.	Yes		No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent		
001	D. AADON I			81	Name				}
	D, AARON J			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	WEST BAY STREET								
IAM	IPA FL 33606			83					,
				84	City	F	85	Zip Co	de
		500 COZ 4500 Filedia Ciello	4 441	<u>L</u> .			_ :	ite ra	gietered
office or r	egistered agent, or both, in the Star	te of Florida. Such change was a	authorized	l by th	-named corpo he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment a	s regis	stered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statu	ıtes.	,	•			
SIGNATURE						when reinstating) DATE			
12,	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI AND DIRECTORS	E: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	S IN 12
TITLE	D	DELETE	1,1 717	п. F		ADDITIONO/OFFANOLO TO OFF TOLERO	Char		Addition
NAME	HIGMAN, DENICE R	<b>—</b>						-	
STREET ADDRESS	6161 9TH ST. NORTH		12 NA	ME			_		
3 REET ADDRESS			1.2 NA		ADDRESS				
CITY OT 7ID	1		1.3 ST	REETA	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	1.3 ST 1.4 CF	REET A			Char	nge	☐ Addition
TITLE	ST PETERSBURG FL D	☐ DELETE	1.3 ST 1.4 CF 2.1 TF	REET A TY-ST- TLE			[] Char	nge	Addition
TITLE NAME	ST PETERSBURG FL D HIGMAN, DAVID A	☐ DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA	REET A TY-ST- TLE WME	ZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS	D HIGMAN, DAVID A 6161 9TH ST. NORTH	☐ DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST	REET A TY-ST- TLE UME REET A	ADDRESS		Char	nge	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL D HIGMAN, DAVID A	☐ DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR	REET A IY-ST- ILE IME REET A ITY-ST-	ADDRESS		Char		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HIGMAN, DAVID A 6161 9TH ST. NORTH	_	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST	TREET A TY-ST- TLE WME REET A TTY-ST- TLE	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	_	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR 3.1 TR 3.2 NA	TREET A TY-ST- TLE TME TREET A TTY-ST- TLE	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	_	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	TREET A TY-ST- TLE TREET A TTY-ST- TLE TLE TREET A TREET A	ADDRESS -ZIP ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	_	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET A IY-ST- ILE REET A ITY-ST- ILE REET A ITY-ST- ITY-ST-	ADDRESS -ZIP ADDRESS			nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR 3.1 TR 3.2 NA 3.3 ST 3.4 CR	TREET A TY-ST- TLE THE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE	ADDRESS -ZIP ADDRESS		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NA	TREET A TY-ST- TLE THE TY-ST- TLE TTY-ST- TLE TTY-ST- TLE AME	ADDRESS -ZIP ADDRESS		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST	TREET A TY-ST- TLE THE TY-ST- TLE TTY-ST- TLE TTY-ST- TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST	REET A IY-ST- ILE MME REET A ITY-ST- ILE AME REET A AME REET A AME REET A AME REET A	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CFF 2.1 TFF 2.2 NA 2.3 ST 2.4 CFF 3.1 TFF 3.2 NA 3.3 ST 3.4 CFF 4.1 TFF 4.2 NA 4.3 ST 4.4 CFF 4.4 C	REET A IY-ST- ILE MME REET A ITY-ST- ILE AME REET A ITY-ST- ILE AME REET A ITY-ST- ILE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	REET A ITY-ST- ILE  MME REET A ITY-ST- ILE AME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NJ 4.3 ST 4.4 CII 5.2 NA 5.3 ST	REET A ITY-ST- ILE  MME REET A ITY-ST- ILE AME	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NJ 4.3 ST 4.4 CII 5.2 NA 5.3 ST	REET A IY-ST- ILE  MME REET A ITY-ST- ILE AME REET A ITY-ST- ILE AME REET A IY-ST- ILE AME REET A IY-ST- ILE	ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS		Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 5.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII	REET A ITY-ST- ILE MME REET A ITY-ST- ILE MME REET A ITY-ST- ILE AMME REET A ITY-ST- ILE AMME REET A ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE	ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS		Char	nge	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL  D HIGMAN, DAVID A 6161 9TH ST. NORTH ST PETERSBURG FL	☐ DELETE	1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 5.4 CII 5.1 TII 6.2 NA	REET A ITY-ST- ILE REET A ITY-ST- ILE REET A ITY-ST- ILE AME	ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS		Char	nge	Addition 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:**