## 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 # P94000012523 (4)

NETWORK BUSINESS TRAVEL, INC.

## **FILED** Jan 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Addr	Mailing Address				r seetimes one servi energi energy delity #8010 eller (selle ylee) ellin bilede 1517 (elly				
11541 LANE PARK ROAD TAVARES FL 32778		11541 LANE PARK ROAD TAVARES FL 32778						NOT MINITE IN C			
							3. Date Incorporated o	NOT WRITE IN 1	THIS SPACE		
							02/15/1994	Qualified			
2. Principal F	Place of Business	2a. Mailing A	ddress				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For	
21		26	26							Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt	Suite, Apt. #, etc.				5. Certificate of Status	Desired	\$8.7	5 Additional	
22		27					5. Certificate of Status	Desired	Fee	Required	
City & Stat	to	h	Cily & State				6. Election Campaign F			00 May Be	
Zip	Country	Zg>	<del></del>	Count			Trust Fund Contribut			ed to Fees	
24	25	29	30		'y		8. This corporation owe		ie current yeai X Yes	r intangible □ No	
9. Name and Address of Current			Registered Agent				Personal Property Tax due June 30. X Yes No  10, Name and Address of New Registered Agent				
MCDONALD, STEPHEN J					1 1	Name					
	5 S.E. 7TH STREET		92 Suc			Otro a b. A al al a a	(0.0 0 N 1 1 N				
	JITE 303		82			Street Addres	ss (P.O. Box Number is No	ot Acceptable)			
	. LAUDERDALE FL 32778			83	3		N-1-1				
				84	1	O:			1221 2		
				0,	" '	City			FL  85   7	Zip Code	
11. Pursuant	to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607,1508, Fi	orida Statutes	, the above	ve-n	named corpor	ration submits this stateme	ent for the purpo	se of changin	g ils registered	
agent. La	am f <b>a</b> miliar with, and accept the obt	igations of, Section 6	07.0505, Flori	da Statule	յ <b>ջ</b> ն ՅՏ.	no corporano	n s board of directors. The	егеву ассері інк	e appointment	as registered	
SIGNATURE											
12	Signature, typed or penied name of registered a	agent and trie if applicable  ND DIRECTORS	(NOTE F		Beart 8	s gnature required			\II	0001111	
12. TILLE	D		DELFTE	13.			ADDITIONS/CHANGE	S TO OFFICERS	Chang		
NAME	FOLEY, THOMAS D	-	D	1.2 NAME					L Unan	Be T Youllon	
STREET ADDRESS	11541 LANE PARK ROAD			1.3 STREE		221904					
CITY-ST-ZIP	TAVARES FL 32778			1.4 CITY -							
THILE	D		DELETE	2.1 TITLE		-			Chang	pe Addition	
NAME	CHILDERS, BILL			2.2 NAME		ĺ					
STREET ADDRESS	11541 LANE PARK ROAD			2.3 STREE	TAD	DRESS					
CITY-ST-ZIP	TAVARES FL 32778			2. 4 CITY-	- 51 - 7	ZIP					
TITLE			DELETE	3 1 TITLE				1.	Chang	ge 🔲 Addition	
NAME				3 2 NAME							
STREET ADDRESS				3.3 STAFE	I ADI	DRESS					
CITY-ST-ZIP				3.4. CITY-	· \$1 - 2	ZIP					
TITLE		Ц	DELETE	4.1 TITLE				·	Chang	ge 🔲 Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE							
CITY-ST-ZIP		<del></del>	DELETE	4.4 CITY-	S1-2	'IP					
TITLE			DELETE	5.1 TITLE					∐ Chang	e [] Addition [	
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STREET ADDRESS				5.3 STREE		1					
CITY-ST-ZIP TITLE		···-	DELETE	54 CITY-1	SI-7	TP			Chees	Addition	
NAME		Ы	DELLIE	6.1 TITLE					LJ Chang	ge [_] Addition	
STREET ADDRESS				6.2 NAME	T ADV	DDECC					
				6.3 STREE						ŀ	
CITY-ST-ZIP		with at the first and an area		6.4 CITY-	51-Z	Ir I		·			

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 supplicmental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the exporation or the receiver or tructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.