561-266-0860

Daytime Phone #

4/26/00

		DUALIFOO	DEDART	/!!BB
71 H H H		BUSINESS	KFPUJKI	IUKK
	AIMI AIM	POSIIIFOS	IIDI OIII	10011

DOCUMENT # P94000033078					OO APR 28 AM 10: 09							
SNS TRAVEL MARKETING, INC.												
Principal Place of Business Mailing Address 1160 S MCCALL RD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-42			· ·	0)		P	SECRETAR TALLAHASS	iy of sta see, flor	ATE RIDA		
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1 10611 091 111	DO NOT WRI			#(4 64	
City & State			City & State		4. 1	FEI Number	⊖1⊒1⊒1⊒1 65-07 09 49	2227	077	rilled!For	7	
		Nuptr/			try	- "		#### ****	<u> 150.UU</u>	利を利益の	r/Applicable	1
Zip	Country		<u></u>	Country				Status Desired	<u> </u>	8.75 Add		-
	6. Name and	Address of Current Re	gistered Agent		Name			ddress of New F on System	legistered A	gent		1
	rzman, natale I s McCall RD				Street A	ddress (P.O. B	ox Number i	s Not Acceptable ne Island	e) 1 Road			
	LEWOOD FL 34				<u> </u>	1200						1
					City	Planta	tion		FL	Zip Code	3324]
8. The above	Ulich	mits this statement for the	e purpose of changing its	VICK	Y GOLDS			in the State of Fl		00		
Tax filing r	oration is eligible to requirement and e ria on back)	o satisfy its Intangible lects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$5	50.00	4	ion Campaign Fi Fund Contributio			May Be I to Fees	
11.	D	OFFICERS AND DIF		12.				HANGES TO OFF		DIRECTORS	S IN 11] [6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUTZMAN, NATALEE J 1160 S MCCALL RD ENGLEWOOD FL 34223				Thomas	-President, Director □ Change XX Add omas C. Hosea 60 McCall Road glewood, FL 34223				AMADURUII	CR2E034 (9/99)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				CEO, D Philip 1160 M	EO, Director			XX Addition	18		
TITLE NAME STREET ADDRESS OTY-ST-ZIP			☐ Oelete			Patric 220 Co	ngress		ve	☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			1160 M	A. Dust cCall F			☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				B. Bel gress		e	☐ Change	∏ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7.213			☐ Change	Addition	
indicated of the cor	on this report or s poration or the red	supplemental report is tru seiver or trustee empowe	is filing does not qualify for the and accurate and that re the to execute this report to all other like empowered.	ny signat as requi:	ture shall h	ave the same.	legal effect a	is if made under	oain inai i ai	n an oπicer	or director	

Suzanne B. Bell

SIGNATURE: