

FILED

Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90039 001 ***750.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000047008

1. Corporation Name

UNITED STATES TRAVEL NETWORK, INC.



Principal Place of Business 516 S. DILLARD ST. STE. 4 WINTER GARDEN FL 34787 US	Mailing Address P.O. BOX 6367 DIAMONDHEAD MS 39525-6000
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 23098 Freddie Frank Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/20/1994	
22 City & State 23 Pass Christian MS		27 City & State		4. FEI Number 50-3191824	
24 39571		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EBY, MELANIE 516 S. DILLARD ST. STE. 4 WINTER GARDEN FL 34787		10. Name and Address of New Registered Agent 81 Name Melanie Eby 82 Street Address (P.O. Box Number is Not Acceptable) 1739 Roberts Landing Rd. 83 84 City Winter Garden 85 Zip Code FL 34786	
---	--	--	--

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 Melanie Eby (NOTE: Registered Agent signature required when reinstating) DATE 4/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBY, MELANIE 516 S. DILLARD ST., STE. 4 WINTER GARDEN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. - Sec James Eby 23098 Freddie Frank Rd Pass Christian MS 39571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, KATHRYN 23098 FREDDIE FRANK RD. PASS CHRISTIAN MS 39571	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Eby

April 25/99 2284525042

CR2034 (11/98)