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 # 1. Corporation Name P94000057824 (2)

GHARANTEED TRAVEL INC.

Principal Place 2907 8R 590 SUITE 5 CLEARWATEL	ı	Mailing Address 2807 SR 590 SUITE 5 CLEARWATER FL 34619 US	9			DO NOT WRITE IN 3. Date Incorporated or Qualified		
00		03				08/04/1994		
—	Place of Business	2s. Mailing Address				4. FEI Number		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-3257505	09	Not Applicable .75 Additional
22		27				5. Certificate of Status Desired		ee Required
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	28 Zip	Cou	intry		8. This corporation owes or has paid the	<u>:</u>	
24	25	29	30	•		Personal Property Tax due June 30.	_	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Regist	lered Agent	
	MMOND, WILLIAM A			81 Na	me			
29	07 S R 590			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
SL	JITE 5							
CL	EARWATER FL 34819			83				
				84 Cit	у		FL 85	Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607.0505, f	Florida Stat	utes.		oration submits this statement for the purpon's board of directors. I hereby accept the	ne appointme	nt as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRE	CTORS IN 12
TITLE	D	DELETE	4 . 72	74.5				
NAME HAMMOND, WILLIAM A			1.1 10	ILE			C)	ange
	1		1.1 N/ 1.2 N/		Hy			ange Addition
STREET ADDRESS	1550 MCMULLEN BOOTH		1.2 N		Hy			ange 🔲 Addition
CITY-ST-ZIP	1550 MCMULLEN BOOTH- OLEARWATER FL 34619	RD F1	1.2 NA 1.3 ST	AME	Hy 2 C		751	
	*		1.2 NA 1.3 ST	AME TREET ADDR TY-ST-ZIP	Hy 2 C	AMMOND, WILLIAM A. 907 S.R.590, STES LEARWATER, FL 337	751	ange Addition
CITY-ST-ZIP	*	RD F1	1.2 N/ 1.3 ST 1.4 CI 2.1 TII 2.2 N/	AME Treet Addr Ty-St-Zip Tle Ame	ì		751	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	*	RD F1	1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	ame Treet addr Ty-St-Zip Tle Ame Treet addr	ì		751	
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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 suppliemental 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.

FILED

May 15 1998 8:00am

Secretary of State