Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90005 042 ***150.00

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 # P9400060968

HIGH PERFORMANCE TRAVEL, INC.

Principal Place	of Business	Mailing Address						43111 BBIER BE		1181 1811 1881
600 SILVER BEACH AVENUE DAYTONA BEACH FL 32118		600 SILVER BEACH AVENUE DAYTONA BEACH FL 32118			ļ	DO NOT WRITE	= IN THIS !	SPACE		
US		US				3. Date Incorporated or Qualifed				
							08/11/1994			
2 Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address				4. FEI Number		App	lied For
21		26				59-3259525		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ad		
22		27				5. Continuate of Status Desired		Fee Rec	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00 N		
23		28				- Trust Fund Contribution		Added.to	Fees	
Zip				Country	6. This sort that the same of the same o					
24	25 29 30						Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Current	Registered Agent		81	I N.	ame	10. Name and Address of New Ne	gistered A	(gent	
TUMBLESON, J D										
150 SOUTH PALMETTO AVENUE, BOX A			82	S	treet Addres	ss (P.O. Box Number is Not Acceptab	ile)		}	
DAYTONA BEACH FL 32114			83							
DATIONA BEACHTE SZITT										
			84	C	ity		FL	85 Zip C	ode	
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										registered
) office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	it Florida. Such change was a	autnon	azea ov	tne	corporation	is board of directors. I hereby accept	tne appoin	iment as reg	isieien
1	, idamia. Will, and dozopi and dozop									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					nt sign	ature required v		DATE		
12.	OFFICERS AND		_	13.			ADDITIONS/CHANGES TO OFF	CERS AN	☐ Change	Addition
TITLE	AS	☐ DELETE		1.1 TITLE					☐ Origingo	
NAME	TUMBLESON, J D			1.2 NAME						1
STREET ADDRESS	150 SO. PALMETTO AVENUE			1.3 STREET						Ì
CITY-ST-ZIP	D/() (O(U) DD/O) (1)			1.4 CITY-ST-ZIP					☐ Change	Addition
TITLE	PTD			2.1 TITLE					[_] onlinge	
NAME	BORG, DANIEL L			2.2 NAME						1
STREET ADDRESS	600 SILVER BEACH AVENUE			2.3 STREET		1				
CITY-ST-ZIP	Ditt Old Object			2.4 CITY-ST-ZIP		2			_ Change _	- C1 Addition
TITLE	., 05	>÷ ~ □ DELETE			>		. 	~~~~~~~	Onlingo	÷ □ ; ≅a;;;;i, [
NAME (FORNELL, RICHARD H			3.2 NAME						i
STREET ADDRESS	642 CARSWELL AVENUE		1	3.3 STREET						
CITY-ST-ZIP	TIOCET THEE TO		_	3.4. CITY-ST-ZIP		3			Change	Addition
TITLE		☐ DELETE	•						- change	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET		1				
CITY-ST-ZIP		□ pc: c±¢	_	4.4 CITY-S	T-ZIF	<u>'-</u> -			Change	Addition
TITLE		☐ DELETÉ		5.1 TITLE 5.2 NAME		1			C. Onerige	C Addition
NAME					T 4 2 2	DDECC				
STREET ADDRESS				5.3 STREET						
CITY-ST-ZIP				5.4 CITY-S 6.1 TITLE	r-ZIP	<u>'</u>			Change	☐ Addition
) TITLE		☐ DELETE	1	O. I HILE						

CITY-ST-ZIP ation 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 by 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 altonor the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in d. You of an attachment with an address, with all other like empowered. 14. I hereby certify that the infrindicated on this annual reofficer or director of the collisions 12 or Block 13 if characteristics.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS