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 # P9400063246 (0)

UNIVERSAL TRAVEL, INC.

Principal Place of Business

SIGNATURE:

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Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



10/98

	e of Dusinosa	Maining Address		1	
4218 BEE RIDGE RD SARASOTA FL 34233-2563		4218 BEE RIDGE RD SARASOTA FL 34233-256	3	DO NOT WRITE IN THIS	ODACE
The second secon					OFACE
				3. Date Incorporated or Qualified	
A B W W W B				08/23/1994	
–		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3264372	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	urregt year Intangible
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Curre	ent Registered Agent	1	10. Name and Address of New Registered Agent	
7400 THIN OTHE 81 Name 7 \ 021/ @ 01 01///					
V220	SOLOTNY, STEVE		_\	JERCY SHADUM	
			82 Street Address (P.O. Box Number is Mos Acceptable) 42 B KPR KIDDE Rd		
					-040
/PIN	ELLAS PARK/FL 34888		1 ⁶³ (S ₂	a cota FL. 34233	-2363
•			84 City		85 Zip Code
				Fl	34233
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					
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.					
\mathcal{M}_{I}					
SIGNATURE Signature, typed or printed Agent and title if expolicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	GREZLIK, STANLEY	_	1.2 NAME		2 • 4 • 2 • • • • •
	4012 PALAU DR				
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	L DELETE	1.4 CITY - ST - ZIP		Observe Date Vision
TITLE	VP	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, JERZY		2.2 NAME		
STREET ADDRESS	3920 BERKSHIRE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
[
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETÉ	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DECEIE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ertify that the Information supplied	with this filing does not qualify fo	r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further c	ertify 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 on an attachment with an address.					