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 # P94000065181 (7)

FILED Mar 27 1998 8:00am Secretary of State

UNIGLOBE DUVAL STREET TRAVEL, INC.							
Principal Place of Business Mailing Address							e endermate vid sater nature anter anter anter anter nicht feine eines this! (461 1441)
328 SIMONTO		328 SIMOI					
KEY WEST FL 33040 KEY WEST FL 33040							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							09/06/1994
2. Principal Pla	ce of Business	2a. Mailing	Address				4. FEI Number Applied For
21		— ·	26				65-0529263 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22 27							5. Certificate of Status Desired Fee Required
City & State			City & State				6, Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	4==1 				8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 💢 No
	g. Name and Address of Currer	t Registered Ag	ent				10. Name and Address of New Registered Agent
BRO	DWNING, MICHAEL L				81	Name	
402	APPELROUTH LN			}	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
KEY	WEST FL 33040				"	Oll Dot Ad	dutess (1, o. box Humber is not Acceptable)
				ľ	83		
				Ļ	-	<u> </u>	
					84	City	FL 85 Zip Code
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 _	Ignature, typed or printed name of registered agr	out and title if applicable	(NOTE	- Begisleren	Agen	nt signature reg	equired when reinslating) DATE
12.	OFFICERS AN		(4012	13.	rigon	ti signatoro tec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	MCGARAIL, PAUL			1.2 NA	1.2 NAME		_ · _
STREET ADDRESS	328 SIMONTON ST				1.3 STREET ADDRESS		[8
CITY-ST-ZIP	KEY WEST FL 33040		1	1.4 CITY-ST-ZIP			
TITLE	D DELETE			2.1 TITLE		☐ Change ☐ Addition	
NAME	ROWLEY, SEAN			2.2 NAME			
STREET ADDRESS	328 SIMONTON ST					ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040			2.4 CI		· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	3.1 TIT		1-211	Change Addition
NAME		_	_ ·-	3.2 NA			the annual transfer and transfer a
STREET ADDRESS						ADDRESS	
				3.4. CI		1	
CITY-ST-ZIP TITLE		Т	DELETE	4.1 T(T		1 - 2)r	Change Addition
NAME		_	_	4. 2 NA			
l l						ADDRESS	
STREET ADDRESS CITY-ST-ZIP				4.3 ST			
TITLE			DELETE	5.1 TIT		- ZIP	☐ Change ☐ Addition
NAME				5.2 NA			C AND AND C MANIEUR
				1		NODDECC	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP_			DELETE	5.4 CIT		- ZIP	☐ Change ☐ Addition
TITLE		L	_ precit	6.1 TIT			Citalige El Adolson
NAME				6.2 NA			
STREET ADDRESS						ADDRESS	İ
CITY-ST-ZIP	rtify that the information supplied up	ith this filing door	not quality to	6.4 CIT			Lin Section 119 07/3/(i) Floring Statutes I further certify that the information

rnseevy certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report is fully 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 Locayor 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 changes or on an attack the property of the corporation