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 # P94000079862 (6)

UNIWORLD TRAVEL INC.

ŀ	Principal Place of Business Mailing Address						
5850 LAKEHURST DRIVE 270-5 ORLANDO FL 32819 US		5850 LAKEHURST DRIVE 270-5 ORLANDO FL 32819 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				10/28/1994			
2	Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied F		
21] 6218 RIDGEWAY DRIVE	26 5218 RIDGEWA	M DRIVE	65-0531279	Not Applic		
22	Suite, Apt, #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required		
23	City & State ORLANDO FL	City & State 28 ORLANO		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24		29 32-819 30 1	untry USA	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	☐ Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	DOLBY, LESLEY E			ESLEY E DOLB	4		
	10857 WATERFORD COURT ORLANDO FL 32821		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	IVE		

11. Pursuant to the provisions of Sections 607.0502-end-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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent. I am familiar with a december the appointment as registered agent.

office or r agent. I a	office or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Seption 607.0505, Florida Statutes.									
SIGNATURE	Tesley Challe		required when reinstating)	1/19/98						
 	Signature, typed or printed name of recented and title if applicable	OFFICE DO AND DIDEOTOR	10 (N) 40							
12.	OFFICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO	Change	Addition				
TITLE	POLDY LEGICY E	DELE : E		PRESIDENT	RU Change	L AUGILLON				
NAME	DOLBY, LESLEY E.		1,2 NAME	SOIR RIDGENT	MY DRIVE					
STREET ADDRESS	10857 WATERFORD CT.		1.3 STREET ADDRESS	1						
CITY-ST-ZIP	ORLANDO FL	DELETE	1.4 CITY-ST-ZIP	orlando Fo		Addition				
TITLE	Ľ		2.1 TITLE		Gnange	L_I Addition				
NAME			2,2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS			*				
CITY - ST - ZIP			2. 4 CITY - ST-ZIP			F 1				
TITLE	L	DELETE	3,1 TITLE		Change	☐ Ad				
NAME			3.2 NAME			4				
STREET ADDRESS			3.3 STREET ADDRESS			.*				
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		L Change	Additio_				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			ł				
CITY - ST- ZIP			4.4 CITY-ST-ZIP							
TiTLE		DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME			-				
STREET ADDRESS			5.3 STREET ADDRESS			ļ".				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			[
TITLE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME			1				
STREET ADDRESS			6 3 STREET ADDRESS							
1			.							

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 on an attachment with an address.

SIGNATURE:

"RED

/19/97 407 351 3563

FILED

Jan 29 1998 8:00am

Secretary of State