


**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90007 038 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000093708</b> 1. Corporation Name <b>IMPAC BUSINESS OF TRAVEL, INC.</b>			
Principal Place of Business <b>3400 TAMIAHI TRAIL</b> <b>PORT CHARLOTTE FL 33952</b>		Mailing Address <b>3400 TAMIAHI TRAIL</b> <b>PORT CHARLOTTE FL 33952</b> <b>R.L. STRADA CPA</b> <b>PO Box 217</b> <b>LITCHFIELD CT 06759</b>	
2. Principal Place of Business 21		2a. Mailing Address 26 <b>C/O R.L. STRADA CPA</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>PO Box 217</b>	
City & State 23		City & State 28 <b>LITCHFIELD CT</b>	
Zip 24		Zip 29 <b>06759</b>	
Country 25		Country 30	
9. Name and Address of Current Registered Agent <b>ROSS, WARREN R</b> <b>201 WEST MARION AVE.</b> <b>SUITE 301</b> <b>PUNTA GORDA FL 33950</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DP <b>IRWIN, JAMES B</b> <b>25188 MARION AVE., VILLA #22</b> <b>PUNTA GORDA FL</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
ST <b>SEAL, STEPHEN</b> <b>276 BEACH ST.</b> <b>LITCHFIELD CT</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
VP <b>HENDRIK, COLN</b> <b>4450 N SHORE DR</b> <b>PUNTA GORDA FL 33980</b>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
DELETED TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
DELETED TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Richard L. Strada CPA P.O.A.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-99 8605679126  
 Date Daytime Phone #

*Richard L. Strada*  
 RICHARD L. STRADA

*Stephen Seal*  
 STEPHEN SEAL

*STEPHEN SEAL*  
 STEPHEN SEAL

7-1-99

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