


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0284412

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022162

1. Corporation Name

TRINITY TRAVEL SERVICES, INC.

Principal Place of Business

Mailing Address

3305 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

3305 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

FILED

99 JUN 25 PM 2:25

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0584172	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURICH, E. A. M
3990 SHERIDAN ST
STE 108
HOLLYWOOD FL 33021

81	Name	Yvette Fraggetti
82	Street Address (P.O. Box Number is Not Acceptable)	3305 N. Ocean Blvd
83		
84	City	Ft. Lauderdale
85	Zip Code	33308

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

Yvette Fraggetti

(NOTE: Registered Agent signature required when reinstating)

6/9/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGGETTI, YVETTE	1.2 NAME	
STREET ADDRESS	2541 BAYVIEW DRIVE	1.3 STREET ADDRESS	1126 Riverbirch St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, LORI J	2.2 NAME	
STREET ADDRESS	729 S.W. 2ND COURT	2.3 STREET ADDRESS	1651 NE 56TH CT
CITY-ST-ZIP	HALLANDALE FL 33309	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33334
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Lori Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99

Date

954 568-9833

Daytime Phone #

CR2E034 (11/98)

GARY A. LICKO & COMPANY
Accountants
8817 S.W. 131 Street
Miami, Florida 33176
305-233-0589

June 8, 1999

2
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Trinity Travel Services, Inc.

To Whom It May Concern:

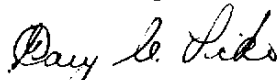
When the Annual Report form was received in my client's office it was set aside for the registered agent to complete.

However the registered agent just happened to be the previous accountant who I replaced the middle of last year. I had no knowledge of the above and assumed that the client had filed the return and therefore took no further action.

A few days ago the client, while looking for something else, came across the form and contacted me. They have completed the form and changed the registered agent so that this will not happen again.

We ask that you accept the above as a reasonable explanation for the delay and permit us to file timely and without penalty.

Yours truly,


Gary A. Licko, Accountant