SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Oct 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062318 (7)

B & R TRAVEL, INC.

SUPPLY   S							
SUITE 209   SUIT	Principal Place of <b>Bus</b> iness Mailing Address						
BOCK RATION FL 3943    BOCK ANTION FL 3943    S. Dot Not Writter With SPACE		INE RD					
US  2. Principal Place of Business   2a. Maining Address   4. FEI Humble   Applied For Suite, Apr. 4f. etc.   72   500. Apr. 4f. etc.   72   500. Apr. 4f. etc.   72   75   75   75   75   75   75   75						DO NOT WRITE IN THIS SPACE	
Principal Place of Business   2a, Mailing Address   5. Centre   65.060 1891   1920   1650 Applicable							
2. Principal Place of Business   2a. Maling Address   5   5   500 (891)   5   100	**						
Sullo, Apt. 4, 10.0.	2. Principal P	lace of Business	2a. Malling Address				
Second Status   Second   Sec	1 ,		h-n			T the state of the	
City & State	Suite. Apt.	#. etc.				S8 75 Additional	
City & State  23			<b>├</b> -¬				
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2p						, 5	
25	Zip	the control of the co		Country			
NADBOY, BETSY 21301 POWERLINE RD SUITE 309 SUITE 2626 BOCA RATON FL 33433  84 City FL 65 Zip Code  11. Pursuant to the provisions of sections 607,0502 and 607,1506, Fkrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the other of registered agent, and accept the other of other of the Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITYSTAP  15. NADBOT, BETSY  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TO NADBOT, BETSY  17. STREET ADDRESS  18. STRE		25	29	30			
21301 POWERLINE RD SUITE 309 SUITE 2636 BOCA RATON FL 33433  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 spent, or both, in this State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originators of, section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the originators of, section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  12. PD  NABOY, BETSY  21. STREET ADDRESS  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  NAME  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  14. CITYS 12P  15. NAME  15. STREET ADDRESS  15. STREET ADDRESS		9. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·	11			
21301   POWERLINE RD SUITE 309   SUITE 2626   BOCA RATION FL 33433	NAD	BOY, BETSY		81	Name		
SUITE 2626 BOCA RATON FL 33433  84 City FL 85 Zip Code  11. Pursuant to the provisions of sestions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligations of, section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AUGUST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AU				200	5	(1) (2) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
BOCA RATON FL 33433    84   City   FL   85   Zip Code				82	82 Street Address (P.O. Box Number is Not Acceptable)		
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 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 m familiar with, and accept the obligations of, section 607.0505, florida Statutes.  SIGNATURE  SIGNATURE  Signature trained 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 and size if a special signature required when reinstating.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. In the state of the provision of the pro				83		:	
SIGNATURE   Signature, bysed or prinded seame of registered against and site III applicable   NOTE Registered Against signature required when relnstating)				84	City	85 Zip Code	
SIGNATURE   Signature, bysed or protect sagent and site II applicable   (NOTE Respictored Agent signature reactived when reinstalling)							
SIGNATURE   Signature, bysed or protect sagent and site II applicable   (NOTE Respictored Agent signature reactived when reinstalling)	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.						
Sily-attive, Syrand or protein designation by an internation of the plantage and an international of the plantage and and international of the plantage and international							
TITLE   NAME   NAMBOY, BETSY   21301 POWERLINE RD SUITE 309   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITYST-ZIP   14 CITYST-ZIP   14 CITYST-ZIP   14 CITYST-ZIP   15	Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registe				gent signatur		
NAME   STREET ADDRESS   21301 POWERLINE RD SUITE 309   1.3 STREET ADDRESS   1.3 STREET ADDR	· · · · · · · · · · · · · · · · · · ·					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS   STRE	TITLE		[] DELETE	1.1 TITLE	i	Change Addition	
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STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME	ŀ	La stronge La Routen	
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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.