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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #
1. Corporation Name

TRAVEL INC. ANAROX

Principal Place of Business Mailing Address 1310 WEST CHURCH ST

May 17, 1999 8:00 am Secretary of State

05-17-1999 90090 029 ***150.00

0010	100 (1 27006)		DO NOT WRITE IN THIS SPACE
UKUHA	UDO, PC 32805		3. Date Incorporated or Qualifed
		•	8-13-95
2. Principal P	lace of Business 2a. Mailing Address		4. FEI Number Applied For
21 /3/C	DW CHURCH ST 26		59-3330255 Not Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired A \$8.75 Additional Fee Required
City & Stat	CANDO FZ 28 City & State 3	280 5	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip O	CountryZip	Country	8. This corporation owes the current year Intangible
24 50	000 25 $(15H$ 29 $=$ 3	0	Personal Property Tax.
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
2	TIAWAN TASLEEMA B	81 Name 82 Street Ad	RAYMOND Jlawan ddress (P.O. Box Number is Not Acceptable)
	TIAWAN, TASLEEMA B 8513 Clematis Lane	83	513 Clemats Lane
	001. 1. C/ 33819	63	ORlando, El 32819
	OPlando, PL 32819	84 City	85 Zip Code
44 0			
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Statutes, 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 / WILLIAM DEPARTMENT OF THE SIGNATURE			
12.	Signature typed or printed name of registered agent and yille if applicable. (NOTE: R OFFICERS AND DIRECTORS	egistered Agent signature requests 13.	
TITLE	PS 1 DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		1.2 NAME	
STREET ADDRESS	Jiawan, TASteema B STAYS 8513 Clemates have SAME ORlando, fl 32819 SAME	1.3 STREET ADDRESS	Raymond Tlawan 851318 Clematis Lane Octando A 32819
i	8513 Clemans 232819 / SAME		85131 Clematis name
CITY-ST-ZIP TITLE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME		2.2 NAME	E onaligo E nation
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		B 1	
TITLE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	C onlings C Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	V 1
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	•	6 4 CITY-ST-ZIP	
14. I hereby c	ertify that the information supplied with this filing does not qualify for th	ne 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, of on an attachment with an additess, with all other like empowered			
SIGNATURE: 1 a sleep 5/10/99 (407/648-2700)			
SIGNATURE: / Usella Ofta Summer of the Signature of the S			