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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079176

1. Corporation Name

C & J TRAVEL, INC.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90119 034 ***150.00

| Principal Place of Business Mailing Address | | | | | | - | . 1001\$601 \$10 10101 011\$1 06111 90111 01 | | | (88)\$ \$111 (88) |
|---|---|---------------------------------------|----------------|------------------|-------------|-------------|--|------------|----------------------|--------------------|
| 1611 SE 3RD CT 1611 SE 3RD CT | | | | | | | | | | |
| DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 | | | | | | | | | | |
| | | | | | | | DO NOT WRITE I | N THIS S | PACE | |
| | | | | | | 1 | Date Incorporated or Qualifed 10/09/1995 | | | |
| 2 Dringing D | lace of Business | 2a. Mailing Address | | | | _ | El Number | | TAN | plied For |
| | ace of business | | | | | 1 | 65-0615498 | | _ _ ` ` | t Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | + • | - | | \$8.75 A | |
| 22 | , 5.6. | 27 | | | | 5. C | Certifcate of Status Desired |] | Fee Re | |
| City & State | | City & State | | | | 6 F | Election Campaign Financing | | \$5.00 | May Re |
| 23 | | 28 | | | | 1 | Trust Fund Contribution | J | Added to | - 1 |
| Zip Country | | Zip | Zip Country | | | 8. T | his corporation owes the current | year Intar | rgibje | |
| 24 | 25 | 29 30 | 0 | | _ | Р | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. N | Name and Address of New Regi | stered Å | gent | |
| | KED OLIABLEO E | | 81 | Nan | e | | | | | |
| WALKER, CHARLES F | | | | Stre | et Addre | ess (P.C | D. Box Number is Not Acceptable) |) | | |
| 1611 SE 3RD CT DEERFIELD BEACH FL 33441 | | | | | | | | | | |
| DEE | AFIELD DEACH FL 33441 | | 83 | | | | | | | |
| | | | 84 | City | | | | FL | 85 Žip C | Code |
| 44 Dunayant | to the provisions of Sections 607.05 | 02 and 607 1509 Elevido Statutos | the chave | L name | od corpo | oration c | cubmite this statement for the nur | | nanging its | registered |
| office or r | egistered agent, or both, in the State | e of Florida. Such change was auth | horized by | the co | rporation | onation s | rd of directors. I hereby accept the | e appoint | ment as reç | gistered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Florid | la Statutes | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ant and title if applicable (NOTE: D. | egistered Ager | d signatu | ra required | d when rain | setation) | DATE | | <u> </u> |
| 12. | | ND DIRECTORS | 13. | ii aigiinta | ra roquiroo | | DDITIONS/CHANGES TO OFFICE | | DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | <u> </u> | | | | Change | ☐ Addition |
| NAME | WALKER, CHARLES F | | 1.2 NAME | | | | • | | | |
| STREET ADDRESS | 1611 SE 3RD CT | | 1.3 STREET | ADDRE | SS | | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | | 1,4 CITY-S | r-ZIP | | | | | | - |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | · · · · · · · · · · · · · · · · · · · | | Change | ☐ Addition |
| NAME | WALKER, JANE | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 1611 SE 3RD CT | | 2.3 STREET | ADDRE | ss | | • | - | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | | 2.4 CITY-S | 2. 4 CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRE | ss | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-S | T-ZiP | | | | | • | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ì | | | ļ | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADORE | ss | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | r-zip | | | | | | |
| TITLE | | ☐ DELETE | 5.1 ΠTLE | | | | | ١ | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | SS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | F-ZJP | | | | | | □ 6 3330 c. |
| TITLE | • | ☐ DELETE | 6.1 TITLE | | | | | [| Change | ☐ Addition |
| NAME | | | 6.2 NAME | DF == | _ | | | | | |
| STREET ADDRESS | | | 6.3 STREET | | 22 | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | -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 on an attachment with an address, with all other like empowered.

SIGNATURE: