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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095776 (7)

1. Corporation Name

PERENNIAL TRAVEL, INC.

Principal Place of Business

5100 W. LEMON ST.
SUITE 112
TAMPA FL 33609

Mailing Address

5100 W. LEMON ST.
SUITE 112
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23 5915-P Memorial Hwy
Suite, Apt. #, etc.

22

City & State

23 Tampa FL
Zip Country

24 33615

25 USA

2a. Mailing Address

26 5915-P Memorial Hwy
Suite, Apt. #, etc.

27

City & State

28 Tampa FL
Zip Country

29 33615

30 USA

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

59-3347592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALEN, CLARK
6345 RAVENWOOD CT
SARASOTA FL 34243

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PTD ☐ DELETE

NAME GALEN, CLARK
STREET ADDRESS 7606 PRESERVES CT.
CITY-ST-ZIP SARASOTA FL 34243

TITLE VSD ☐ DELETE

NAME GALEN, PHYLLIS R
STREET ADDRESS 7606 PRESERVES CT.
CITY-ST-ZIP SARASOTA FL 34243

TITLE V ☐ DELETE

NAME GALEN, MARYLYN
STREET ADDRESS 7606 PRESERVES CT.
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 supplement to 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 predecessor 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 in an attachment with an address.

SIGNATURE

[Signature] Mark GALEN 11/16/98 (12) 719-2011

CR2E034 (10/97)