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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095776

1. Corporation Name

PERENNIAL TRAVEL, INC.

	•						
Principal Place of Busines	s	Mailing Address				48118 18181 9111 19911	
5915-P MEMORIAL HWY		5915-P MEMORIAL HWY					•
TAMPA FL 33615 TAMPA FL 33615					DO NOT WRITE IN THIS SPACE		
us us					3. Date Incorporated or Qualified		
					12/15/1995]
2. Principal Place of Busi	ness	2a. Mailing Address			4. FEI Number	Api	plied For
21		26			59-3347592	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	dditional
22		27		~~~ <u>~</u>	5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28	·		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	′	8. This corporation owes the current ye		IXI No
24	25		io		Personal Property Tax. 10. Name and Address of New Regist		RHINO
9. Name	and Address of Current	Registered Agent	81	Name	To. Name and Address of New Rogist	eruu Agent	
GALEN, CLARI	(
6345 RAVENW			82	Street /	Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL			83	 			
				Ĺ			
	·		84	City		FL 85 Zip C	Code
	310110 01 000110110 001 .0002						
agent, I am familiar v	ith, and accept the obligati	ons of, Section 607.0505, Fiolic	ia Statute:	·. 	corporation submits this statement for the purpo pration's board of directors. I hereby accept the equired when reinstaing)		gistered
agent. I am familiar v SIGNATURE Signature, type	gent, or both, in the State of vith, and accept the obligation of	and title if applicable. (NOTE: R	ia Statute:	·. 		TE	
agent, I am familiar v	of the original distribution of registered agent	and title if applicable. (NOTE: R	Registered Age	·. 	equired when reinstating) DA	TE	
agent, I am familiar v SIGNATURE Signature, type 12.	or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Age	·. 	equired when reinstating) DA ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTO	RS IN 12
agent. I am familiar v SIGNATURE Signature, type 12. TITLE PTD NAME GALEN,	or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME	·. 	ADDITIONS/CHANGES TO OFFICER PTD Galen, Clark 6345 Ravenwood Court	TE RS AND DIRECTO	RS IN 12
agent. I am familiar v SIGNATURE Signature, type 12. TITLE PTD GALEN, STREET ADDRESS 7606 PR	or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature n	equired when reinstaine) ADDITIONS/CHANGES TO OFFICEF PTD Galen, Clark	TE S AND DIRECTO K] Change	RS IN 12
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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 supplements annual report is true and accurate and there my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or true e 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

01/10/99

(941) 355-1721

Change

☐ Addition