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

Mar 19 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000096305 (4) TEMPO & TRAVEL, INC. Principal Place of Business Mailing Address 1779 KING JAMES ROAD 1779 KING JAMES ROAD KISSIMMEE FL 34744 KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3351125 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ∏ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FOUST, KATHLEEN M BERNARD G GRIFFITH 17 S. ORLANDO AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 KISSIMMEE FL 34741 83 84 KISSIMMEE FLONIDA Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida, Such Change was authoriz
agent. Lam familiar feith, and accept the obtganions of Section 607.0506, Florida S e-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE gistored Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1 1 TITLE GRIFFITH, BERNARD G 12 NAME MAME 1779 KING JAMES ROAD 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE GRIFFITH, KIMBERLY A NAME 2.2 NAME 1779 KING JAMES ROAD STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 2 4 CITY-ST-ZIP

DELETE 5.1 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADORESS 54 CITY-ST-ZIP City - St - ZiF DELETE ☐ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

14. Thereby cortify that the information supplied with this filing does not qualify for the exemption stated / Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual 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 chapter or on an attachment with an address

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

CITY-ST-ZIP

DELETE

DELETE

x 3-13-98

Change

Change

Addition

Addition

FILED