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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPLIRTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P9600000548

1. Corporation Name

LUGGAGE EXPRESS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90186 012 \*\*\*150.00



1 morpar i 11	100 01 00011000							
5135 INTERNATIONAL DRIVE, STE. 11 ORLANDO FL 32819		5135 INTERNATIONAL DRIVE. STE. 11 ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE		
						3. Date Ir corporated or Qualifed		
<del></del>						01/03/1996	_	
2. Principa	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3366583 Not Applica		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required		
22 City & S	ale	City & State				6. Election Campaign Financing 55.00 May Be		
		28				Trust Fund Contribution Added to Fees		
23 \ Zip	Country	Zip	Co	untry		This corporation owes the current year intangible		
24	25	29	30	•		Personal Property Tax.		
	9. Name and Address of Cu			T		10. Name and Address of New Registered Agent		
	v. Hallie alla Ada 235 ol 45	Trone Magistra		81	Name			
KO	rshak, stephen d							
	45 SAND LAKE ROAD, STE. 12	20		82	Street /	Address (P.O. Box Number is Not Acceptable)		
OF	RLANDO FL 32809			83	1			
				84	City	85 Zip Code		
				İ	'	corporation submits this statement for the purpose of changing its register		
SIGNATUR	Signature, typed or printed name of registered				nt signature n	req. red when reinstating) DATE	2	
12.	OFFICERS	S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D	☐ DELET	E 111	11 TITLE		☐ Change ☐ Ad	aition	
NAME	DOAN, MINH		. 121	MAME	İ			
STREET ADDRE	is 5135 INTERNATIONAL DRIV	/e, ste. 11	1.3 \$	STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		1,4 (	CITY-S	ST-ZIP			
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NAME	HUYAH, MAI BA> Y	rame change	2.2 (	VAME		Huynh, Micheal		
STREET ADDRE 35 5101 INTERNATIONAL DR.		•	<u> </u>		TADDRESS	3		
CITY-ST-ZIP	ORLANDO FL 32819		2 4	CITY-S	ST-ZIP			
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CITY-ST-ZIP	+			TITLE	ST-ZIP	Change Ad	dition	
TITLE		_ 56661	4	NAME				
NAME					T ADDRESS			
STREET ADDRES	(SS)				ST-ZIP			
CITY-ST-ZIP				TITLE	o+-ZIF	Change Ad	dition	
TITLE		☐ DELET	_				i via Vil	
NAME				NAME				
STREET ADDRES	4.5				T ADDRESS			
CITY OF 710	1		84	CITY C	ST-ZIP	1		

14. Thereby 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 or on an attachment with an address, with a Lother like empowered.