

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 027 ***150.00

0407449

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000009238

1. Corporation Name
AAA VACATION GUIDE, INC.



Principal Place of Business 245 126TH AVE TREASURE ISLAND FL 33706	Mailing Address 245 126TH AVE TREASURE ISLAND FL 33706
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 206 MOORE AVE Suite, Apt. #, etc. 22 SUITE D City & State 23 DAYTONA BEACH SHORES, FL Zip 24 32118	2a. Mailing Address 26 717 WEST LINDEN WOOD Suite, Apt. #, etc. 27 CIRCLE City & State 28 ORMOND BEACH, FL Zip 29 32174	3. Date Incorporated or Qualified 01/30/1996	4. FEI Number 59-3359705	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

REINA, LAWRENCE L
245 126TH AVE
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name **AAA VACATION GUIDE, INC**
 82 Street Address (P.O. Box Number is Not Acceptable) **206 MOORE AVE**
 83 **SUITE D**
 84 City **DAYTONA BEACH SHORES FL** 85 Zip Code **32118**

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 *L. L. Reina* DATE **1-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PVST	
NAME	REINA, LAWRENCE L	
STREET ADDRESS	245 126TH AVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	
NAME	REINA, LAWRENCE L	
STREET ADDRESS	245 126TH AVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 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 all other like empowered.

SIGNATURE: *L. L. Reina* **LAWRENCE L. REINA** **1-26-99** **888-817-3758**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)