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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017732 1. Corporation Name

TRAVEL DATA, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90022 031 ***150.00



Principal Pla	Ce of Business	Mailing Address				, regitent tie 18110 fritt Battt Sått	. 68111 88181	11811 18811 1	1888 11518 1181 1 98
4000 N.W. 113		4000 N.W. 113TH AVENUE							
SUNRISE FL 3	33323	SUNRISE FL 33323							
						·	E IN THIS	SPACE	
. .		•				3. Date Incorporated or Qualifed			
2. Principal	Place of Business	2a. Mailing Address				O2/27/1996 4. FEI Number 65-0654201 5. Certificate of Status Desired \$8.7' Fee 6. Election Campaign Financing \$5.0 Addes			
21	Zu. Moning Address					1			Applied For
Suite, Apt	Suite, Apt. #, etc.	Act # etc						Not Applicable	
22	- - · · ·	s, Apr. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
City & Sta	ite	City & State				<u> </u>			Required
23		·	28						
Zip	Country	Zip	Co	untry		Trust Fund Contribution			d to Fees
24	25	29	30	unity		8. This corporation owes the currer	nt year Inta		
	9. Name and Address of Cu		30	т —					No
		Tont (registered Agent		81	Name	10. Name and Address of New Re	gistered /	\gent	
	GADO, ROSA			["					
4000 N.W. 113TH AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
	IRISE FL 33323								
				83					
				84	City			QE 7:	o Code
11.5					-		FL		
office or i	to the provisions of Sections 607. registered agent, or both, in the St.	0502 and 607.1508, Florida Statute	es, the a	bove	-named corpo	retion submits this statement for the pu	rpose of o	hanging i	ts registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flor	ida Stat	utes.	ne corporation	is board or directors. I hereby accept t	he appoin	lment as	registered
SIGNATURE									
	Signature, typed or printed name of registered		Registered	Agent	signature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECT	ORS IN 12
TITLE	PD POOL	☐ DELETE	1.1 TI	TLE	1			Change	Addition
NAME	DELGADO, ROSA		1.2 N	ME	1				
STREET ADDRESS			1.3 S	REETA	ADORESS				
CITY-ST-ZIP	SUNRISE FL		1.4 CI	TY-ST-	ZIP				•
TITLE		DELETE	2.1 T	πE				Change	☐ Addition
Name			2.2 N	AME.					
STREET ADDRESS			2.3 ST	REETA	ADDRESS				
CITY-ST-ZIP				TY-ST-					
TITLÉ		☐ DELETE	3.1 TIT					Change	Addition
NAME			3.2 NA					or manye	[_] Addition
STREET ADDRESS				-	DORESS				
CITY-ST-ZIP									
TITLE		☐ DELETE	4.1 TIT	TY-ST-:	ZIF				
NAME			1		}			Change	
STREET ADDRESS			4. 2 N						
CITY-ST-ZIP					DDRESS				
TITLE		☐ DELETE		Y-ST-Z	90				
NAME			5.1 TIT				ŀ	Change	Addition
			5.2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP				Y-ST-Z	JP -				
TITLE		☐ DELETE	6.1 TITI	LE				Change	Addition
NAME			6.2 NA	ME	1		`	_ •	
STREET ADDRESS			6.3 STF	REET AD	DORESS				
CITY-ST-ZIP			64 CIT	V CT 71	···				

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 chapped, or on an attachment with an address, with all other like empowered. 954-741-4964