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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90082 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000047042

1. Corporation Name
TRAVEL AWEIGH, INC.



Principal Place of Business 4445 HIGHWAY A1A SUITE 243 VERO BEACH FL 32963 US	Mailing Address 4445 HIGHWAY A1A SUITE 243 VERO BEACH FL 32963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4445 HIGHWAY A1A	2a. Mailing Address 26 4445 HIGHWAY A1A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH FL	City & State 28 VERO BEACH FL
Zip 24 32963 25 US	Zip 29 32963 30 US

3. Date Incorporated or Qualified 06/04/1996	Applied For Not Applicable
4. FEI Number 25-0608221 65-0683221	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

COVEY, JAMES P. P.A.
664 AZALEA LANE
SUITE B
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDS <input type="checkbox"/> DELETE
NAME	HARDEEN, PETER
STREET ADDRESS	5070 NORTH HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HARDEEN, VIVIENNE
STREET ADDRESS	5070 NORTH HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH FL
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

1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARDEEN, PETER ADDRESS
1.3 STREET ADDRESS	4445 HIGHWAY A1A
1.4 CITY-ST-ZIP	VERO BEACH FL 32963
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARDEEN, VIVIENNE ADDRESS
2.3 STREET ADDRESS	4445 HIGHWAY A1A
2.4 CITY-ST-ZIP	VERO BEACH FL 32963
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PETER HARDEEN** *Peter Hardeen* PRESIDENT 01/07/99 561-234-0546
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)