


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 015 ***550.00

10/25/99

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000057941**
 1. Corporation Name
TRAVEL ETC., INC.



Principal Place of Business
4190 BELFORD ROAD #330
JACKSONVILLE FL 32216

Mailing Address
4345 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **11764 Marco Beach DR.**
 Suite, Apt. #, etc.
9A

22 **Jacksonville, FL**
 City & State

23 **32224** **USA**
 Zip Country

2a. Mailing Address
 26 **Same**
 Suite, Apt. #, etc.

27 **Same**
 City & State

28 **Same**
 Zip Country

3. Date Incorporated or Qualified
07/10/1996

4. FEI Number
59-3420614 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
CHASTANG, GRAYLIN N
3750 CRICKET COVE RD. EAST
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent
 81 Name **Graylin N. Chastang**
 82 Street Address (P.O. Box Number is Not Acceptable)
11764 Marco Beach DR.
 83
 84 City **Jacksonville** FL 85 Zip Code **32224**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIANE S. MUSICK	
STREET ADDRESS	4190 BELFORD RD., STE 320	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHASTANG, VICKI G.	
STREET ADDRESS	4345 SOUTHPOINT BLVD, SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Graylin N. Chastang	
1.3 STREET ADDRESS	11764 Marco Beach Dr. #9A	
1.4 CITY-ST-ZIP	Jacksonville, FL 32224	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chastang Vicki G.	
2.3 STREET ADDRESS	11764 Marco Beach Dr. #9A	
2.4 CITY-ST-ZIP	Jacksonville, FL 32224	
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.

SIGNATURE: Graylin N. Chastang DATE: 9/14/99 (904) 997-9386

CR2E034 (5/99)