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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057941

TRAVEL ETC., INC.

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

09-21-1999 90001 015 ***550.00



			Ŭ	
		Mailing Address		
Timopar Flact C. Cuchisco				
4190 BELFORT ROAD #330 4345 SOUTHPOINT BLVB JACKSONVILLE FL 32216 SUITE 100				
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE
	i	√ US		3. Date Incorporated or Qualified
				07/10/1996
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number Applied For
21 //764	Marco Beach DR	26		59-3420614 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	me.	5. Certificate of Status Desired \$8.75 Additional Fee Required
22 9	<i>P</i>	27		
City & State	**	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
allacks	Codentry	Zip Zip	Country	8. This corporation owes the current year
يد3 ً ع	W4 25 USA	29 30	¬ '	Intangible Personal Property. Yes No
24	9. Name and Address of Current	1		10. Name and Address of New Registered Agent
81 Name 1 Chart				
CHASTANG, GRAYLIN N				Address (PD, Box Number is No Acceptable)
3750 CRICKET COVE RD. EAST				64 Marco Beach DR.
JACKSONVILLE FL 32224			83	
			84 City	- 85 Zip Code
The Kennylle FL 3224				
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.				
11. Pursuant to the provisions of sections 607.0502 and 607.1506, Florida Statutes, tile aboverning to Corporation's board of directors. I hereby accept the appointment as 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.				
CONATURE				
SIGNATURE.	Signature, typed or printed name of registered agent		: Registered Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN		13.	President Change Addition
TITLE	PD	DELETE		C is a first the second of the
NAME	DIANE S. MUSICK	/ *	1.2 NAME	Grayin N. Chastang #404
STREET ADDRESS	4190 BELFORT RD., STE 320) 	1.3 STREET ADDRESS	11764 Mario Beach LR.
CITY-ST-ZIP	JACKSONVILLE FL	·	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
TITLE	S NOW A STANCE A STANCE OF THE	! DELETE	2.2 NAME	Secretary -
NAME	CHASTANG, VICKI G.		2.3 STREET ADDRESS	11764 Marco Beach DR. #9A
STREET ADDRESS	4345 SOUTHPOINT BLVD, SUF	E 100 "	2.4 CITY-ST-ZIP	To a concilla & 3244
CITY-ST-ZIP	JACKSONVILLE FL 32210	Document	3.1 TITLE	Change Addition
TITLE		L DELETE	3.2 NAME	
NAME STREET ADDRESS			3.3 STREET ADDRESS	
STREET ADDRESS			3.4 CiTY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	-
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 or an attachment with an address.

SIGNATURE: