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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088476 (

FILED
May 15 1998 8:00am
Secretary of State

	ATIONAL TRAVEL MANAGE	MENT, INC.			186 1818 1819 81811 1831 811 1861
Disabled Disable of Dusable		Mailing Address			
Principal Place of Business		· ·			
3210 RIVERVIEW BLVD., WEST BRADENTON FL 34205		308 13TH STREET W. BRADENTON FL 34205			
DIADERION	it was	US		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				10/25/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0704905	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23		28		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 <sub>(p)</sub>	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Curren			10. Name and Address of New Regist	
THUON, DAVID IT ESG.			81 Name		
			62 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ADENTON FL 34205		S. Corrigina	Coo ( Tel Box Hamber to Het Heceptable)	
			63		
			84 City		B5 Zip Code
					FL     '
11. Pursuant to the provisions of Sections 607,0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or proted name of regelered age		E: Registered Agent signature require	·· ·····	AND DIDECTORS IN 48
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	FROSYTHE, PETER	LJ OLLI IL	1.2 NAME		C change C Mandon
STREET ADDRESS	3210 RIVERVIEW BLVD W.		13 STHEET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 City-St-7/P		
TITLE	D	DELETE	21 DILE		Change Addition
NAME	FORSYTHE, ALISABETHE J		22 NAME		
STREET ADDRESS	3210 RIVERVIEW BLVD W.		2 3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 1MLF	AM 1994 MA 199	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	5.1 TITLE		☐ Change ☐ Addition
NAME		·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Beste	5.4 CITY-ST-ZIP		Change Laddur-
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	erial that the information shooling w	th this filling doos not qualify for	6.4 City-St-ZiP	Section 119 07(3)(i) Florida Statutes I furti	ner certify that the information

4. I hereby certify that the information supplied with this filling 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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 only an attachment with an address.

16-28-98 746.468