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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000101652**1. Corporation Name

TRAVEL PROS INTERNATIONAL, INC.

THAT I HOU INTERNATION IS NO.

FILED
Jan 22, 1999 8:00am
Secretary of State
01-22-1999 90031 033 *****150.00



830 SOTH COURT MARATHON FL 33050 US		830 50TH COURT MARATHON FL 33050 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/01/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21	26				NOT APPLICABLE		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22		27							
City & State	•	City & State	٦ '			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip Co 25 29 30			Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			□No		
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
_···· ··	9. Name and Address of Current	ir vedistaan väeur		81	Name	10. Numb and Address of the Hegisters			
PEITSCH, HELENE									
	50TH COURT	• •		82 Street Address (P.O. Box Number is Not Acceptable)					
MAR	ATHON FL 33050		ŀ	83			1		
							445		
				84	City	FL	_	p Code	
Office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au- tions of, Section 607.0505, Florid	da Statu	ites.	ne corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing intment as	its registered registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				ered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	Р	☐ DELETE	1.1 TIT	LE		•	Chang	e	
NAME	PEITSCH, HELENE F		1.2 NA	ME				ļ	
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CIT	Y-ST-	ZIP				
TITLE	VP	☐ DELETÉ	2.1 TITLE				Chang	e	
NAME	PEITSCH, HARRY		2.2 NA	2.2 NAME					
STREET ADDRESS	830 50TH COURT		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MARATHON FL 33050		2.4 CITY-ST-ZIP		-ZIP	,,,,,			
TITLE	☐ DELETE 3.11		3.1 TIT	LE			Chang	e 🗌 Addition	
NAME	32N		3.2 NA	ME				ì	
STREET ADDRESS			3.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			3.4. CF	TY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE			Chang	e 🔲 Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS	•		4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP				
TITLE		☐ DELETE	5.1 TIT				☐ Chang	e Addition	
NAME '			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET	ADDRESS				
CITY-ST-ZIP	ê ·		5.4 CIT	Y-ST-	-ZIP				
TITLE	No. of the second	☐ DELETE	6.1 TIT	LE			☐ Chang	e Addition	
NAME	Burg Grand		6.2 NA	ME					
STREET ADDRESS	$= \sum_{i \in I} \sum_{j \in I} f(\mathbf{x}_i)$		6.3 STI	REET	ADDRESS				
CITY OF 7ID	v. *		6.4 CIT	Y-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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-99 305743-4232

Daytime Phone #

R2F034 (11/98