FILE NOW: FILING FEE AFTER MAY 187 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015795 (2)

NORTH AMERICAN TRAVEL COMPANY

Principal Place of Business Mailing Address						
360 CENTRAL AVENUE SUITE 1490		360 CENTRAL AVENUE SUITE 1490		DO NOT WRITE IN THI	IS SPACE	
ST. PETERSBURG FL 33701		ST. PETERSBURG FL 33701		3. Date Incorporated or Qualified		
					02/19/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3426853	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27 City II City I			Fee Required	
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25	— `	30		This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	Yes X No
24	g. Name and Address of Curren	1	301		10. Name and Address of New Registere	
НА	DDAD, ROYCE JR		81	Name		
360 CENTRAL AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 1490			102	Sireer Addi	ess (1.0. box Number is Not Acceptable)	
ST. PETERSBURG FL 33701			83			
			84	City		85 Zip Code
_						L O Zip odda
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose	of changing its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statutes	S.	tion's board of directors. I hereby accept the ap-	ppowiencia do rogioloros
SIGNATURE					red when reinstaling) DATE	
12.	Signature, typed or printed name of registered ager OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	on eignature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	
TITLE			1.1 TITLE		TIDDITIONATOR WINDOWS	☐ Change ☐ Addition
NAME			1.2 NAME			
STREET ADDRESS	and anything as a summary and a second		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-S	T-21P		
TITLE	D	☐ DELET E	2.1 TITLE			☐ Change ☐ Addition
NAME	1900101110001111		2.2 NAME			
STREET ADDRESS			2.3 STAEET	ADDRESS		
CITY-ST-ZIP			2.4 CITY - S	ST-ZIP	<u> </u>	
TITLE	0	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	į		
STREET ADDRESS			3.3 STREET	ŀ		,
CITY+ST-ZIP			3.4. CITY- S	ST-ZIP		Change Addition
TITLE		☐ DECEIE	4.1 TITLE			LI CHARGE LI AUCKION
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRECC		
	- · · · · · · · · · · · · · · · · · · ·		4.4 CiTY - S			
CITY-ST-ZIP TITLE			5.1 TITLE	1-ZIP		Change Addition
NAME		<u></u>	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		

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 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 from an attachment with an address.

5.4 CITY-ST-ZiP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

1129/98 813-824-0771

FILED

Mar 03 1998 8:00am

Secretary of State

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Change

Addition