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

POCUMENT # P97000015855 (4)

J & JC TRAVEL CORPORATION Principal Place of Business Mailing Address 281 NE TOTH STREET NORTH MINUS BEACH FL 33122 281 NE POTH STREET NORTH MIAMI BEACH FL 33122 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 753 NE 753 NE 1674 St. 65 O739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be NORTH MIAMI BEACH 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent CORDON, RON 281 NE YOTH SPREET 82 NORTH MAMI BEACH FL 33122 83 84 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 has 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. TAMPLENIZZA
name of requisitered agent and title if applicable em 30 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Change Addition NAME TAMPLENIZZA, ANNA 1.2 NAME 281 NE 170TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33122** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - 218 DELETE TITLE Channe Addition 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. 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 - \$1 - ZIP DELETE Change Addition 5.1 THEF NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

14- Thereby 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 offect 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.

FILED

Jan 15 1998 8:00am

Secretary of State