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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000016239

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90168 035 ***150.00

WORLD ROUND TRAVEL, INC. Mailing Address Principal Place of Business 6306 PEMBROKE RD -6306. PEMBROKE: RD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/20/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address PEMBRORE ES 306 PEMBROKE APPLIED FOR 6306 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing Holle Added to Fees Trust Fund Contribution 28 Zip 8. This corporation owes the current year intangible □No 302 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HANSE, NOVELETTE FAY 82 Street Address (P.O. Box Number is Not Acceptable) 6306 PEMBROKE ROAD HOLLYWOOD FL 33023 83 85 Zip Code City 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 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ Change ☐ Addition DELETE 11 TITLE TITLE HANSE, NOVELETTE FAY 1.2 NAME NAME 6306 PEMBROKE ROAD 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 61 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address, with 20 or Block 13 if changed, or or an attachment with an address, with 20 or Block 12 or Block 13 if changed, or or an attachment with an address, with 20 or Block 12 or Block 13 if changed, or or an attachment with an address, with 20 or Block 12 or Block 13 if changed, or or an attachment with an address, with 20 or Block 12 or Block 13 if changed, or or an attachment with an address, with 20 or Block 12 or Block 13 if changed, or or an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/49

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