

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90136 018 ***150.00

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DOCUMENT # P97000019185

1. Corporation Name
TRAVEL SPAN, INC.

Principal Place of Business
3910 RCA BLVD.
SUITE 1008
PALM BEACH GARDENS FL 33410-4213

Mailing Address
3910 RCA BLVD.
SUITE 1008
PALM BEACH GARDENS FL 33410-4213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number
65-0729329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

LADD, MICHAEL A
3910 RCA BLVD.
SUITE 1008
PALM BEACH GARDENS FL 33410-4213

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NANGLE, THOMAS J
STREET ADDRESS 23 S RIDGEVIEW ROAD
CITY-ST-ZIP STUART FL 34996

TITLE VPSD
NAME O'NEIL, FRANCIS
STREET ADDRESS 1085 ROBLE WAYIS
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VPTD
NAME LADD, MICHAEL A
STREET ADDRESS 1095 ROBLE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Thomas J. Nangle
1.3 STREET ADDRESS 23 S. Ridgeview Road
1.4 CITY-ST-ZIP Stuart, FL 34996

2.1 TITLE President/Director
2.2 NAME O'Neill, Francis
2.3 STREET ADDRESS 2103 Cole Lane
2.4 CITY-ST-ZIP Palm Beach Gardens, FL

3.1 TITLE Sr. Vice President / Sect / Treas
3.2 NAME Ladd, Michael A.
3.3 STREET ADDRESS 1095 Roble Way
3.4 CITY-ST-ZIP Palm Beach Gardens, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/99 561-626-8900

CR2E034 (11/98)