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

DOCUMENT # P9700051074 1. Corporation Name FAIRBANKS TRAVEL, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90045 042 ***150.00



Principal Place of Business Mailing Address							
2458 NORTHWEST 63RD STREET 2458 NORTHWEST 63RD STREET							
BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
					06/10/1997		
2 Principal P	Place of Business	2a, Mailing Address			4. FEI Number		Applied For
	THE OF PAGE 1950	26			26-4922008		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
	<i>n</i> ₁ oto.	27			5. Certifcate of Status Desired	Fee	Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	•	d to Fees
Zip	Country	Zip	Col	untry	8. This corporation owes the current year	r Intangible	
24	[25]	291	30		Personal Property Tax.	☐Yes	∕ IXNo
	9 Name and Address of Curre		100	T	10. Name and Address of New Registe	red Agent	
	9, 140110 2110 7001000 01 001.10			81 Name			
PEN	INEKAMP, TOM JR						
GROSSMAN AND ROTH P.A.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		- 1
	4 S. BAYSHORE DR PH1			83		_	
	MI FL 33131			03			
MIN	WII FL 33131			84 City		FL 85 Z	ip Code
					poration submits this statement for the purpos		<u> </u>
12.		AND DIRECTORS	13.		red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		
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TITLE			1,4 0	STREET ADDRESS			□ & J.J.::
-NAME -		☐ DELETE	1,4 0	CITY-ST-ZIP		☐ Chan	ge 🔲 Addition
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP