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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED PROFIT Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9700052893 (9) TARTAN TRAVEL, INC. Principal Place of Business Mailing Address 230 NW 108TH AVE. 230 NW 108TH AVE. PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 65-0763195 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ Ño 24 Personal Property Tax due June 30. 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GOBIOFF. SHARON** 230 NW 108TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 63 R4 City 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 regulared agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1.1 TITLE Change TITLE **GOBIOFF. SHARON** NAME 1.2 NAME CR2E034 230 NW 108TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33324** CITY - ST - ZIP 1.4 CITY+ST-ZIP DELETE Change ■ Addition TITLE 21 TITLE **GOBIOFF. BRUCE** NAME 2.2 NAME 230 NW 108TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 THILE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME

63 STREET ADDRESS

SHAROD GOBLOFF

73-9526

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 or viril attachment with an adoless.