

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

FILED

Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057541 (9)

1. Corporation Name

TRAVEL MANAGEMENT OF SARASOTA, INC.



Principal Place of Business

Mailing Address

7298 S LEEWYNN DR  
SARASOTA FL 34240

7298 S LEEWYNN DR  
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	730 FORESTVIEW DRIVE	26	730 FORESTVIEW DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	S
City & State		City & State	
23	SARASOTA FL	28	SARASOTA FL
Zip	Country	Zip	Country
24	34232	25	USA
29	34232	30	USA

3. Date Incorporated or Qualified	
06/30/1997	
4. FEI Number	Applied For
05-0778467	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEATTIE, JANE A 7298 S LEEWYNN DR SARASOTA FL 34240		81 Name Deborah Schumacher	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		730 FORESTVIEW DRIVE	
		83	
		84 City SARASOTA FL 85 Zip Code 34232	

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 Deborah Schumacher PRESIDENT Deborah Schumacher 3/18/98  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTIE, JANE A	1.2 NAME	
STREET ADDRESS	7298 S LEEWYNN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUMACHER, GARY A	2.2 NAME	PRESIDENT Deborah Schumacher
STREET ADDRESS	730 FORESTVIEW DR	2.3 STREET ADDRESS	730 FORESTVIEW DR
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Deborah Schumacher PRESIDENT 3/18/98

CR2E034 (10/97)