## 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 # P97000091703

IARCO TRAVEL INC

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90020 001 \*\*\*150.00

UADOO	THAVEE, INC.												
Principal Plac	e of Business	Mailing A	ddress				_	ł 10011001 110	101111011101111111111111111111111111111	I BBLKI BBKIL BA	IIAN PURNI IPNYI INN	( <b>44100</b> 1141 1 <b>4</b>	IJ
17810 N DALE LUTZ FL 33549	MABRY HWY	•	DALE MABRY H	WY									
				•			<u> </u>	5.1.1	DO NOT W		HIS SPACE	<del>-</del>	_
								Date Incorporat 10/24/1997	ed or Qualife	ea			
2. Principal P	Place of Business	2a. Mailin	g Address				4.	FEI Number			A	pplied For	1
21		26					_	<u>59-3474193</u>				lot Applicab	le 🚆
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.					5.	Certifcate of Sta	atus Desired	· 🗆		Additional tequired	
City, & Stat	le	City.8	k State	ے حت		<del></del>	6	Election Campa	lgn Financin	g _	\$5.00	May Be	
23	,	28						Trust Fund Con	tribution	ليا	Added	to Fees	
Zip	Country	Zip		paraing .	ountry		8.	This corporation		urrent year		<b>.</b>	
24	25	29		30				Personal Prope			☐Yes	∑No .	
	9. Name and Address of Curre				04	*1	10.	Name and Add	ress of Nev	v Register	ed Agent		
COF	RPORATE CREATIONS ENTERPF		- N		81	Name							
	1 PGA BLVD #211				82	Street Add	Iress (P	O. Box Number	is Not Acce	ptable)			
	M BEACH GARDENS FL 33418				83				ر د مه د همی رود (۱۹۹۱ و څرو د د د و	4 ( 4		20,26 ( 1.2. 2 1016 (6) 16	·,
					103				李晓默	推開	部長 達勝		
	•				84	City		7	77 × 48 7300	- 21 ( C 3 - 1)	85 Zip	Code `	
	•												- 1
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida Suc	h change was a	authonzi	ed by t	-named corp the corporation	poration ion's bo	n submits this sta pard of directors.	tement for the land to the lan	ne purpose cept the ap	of changing it pointment as r	s registered egistered	
office or r	registered agent, or both, in the State am familiar with, and accept the obligations Signature, typed or printed name of registered age	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a n 607.0505, Flo	authoriza orida Sta	ed by to atutes.	-named corporation	ion's bo	oard of directors.	atement for the land of the la	ne purpose cept the ap	of changing it pointment as r	s registered egistered	ία
office or ragent. I a SIGNATURE  12.	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	e of Florida, Suc ations of, Sectio	th change was a no 607.0505, Flower (NOT)	authorize orida Sta E: Register 13	ed by the atutes.  ed Agent  3.	the corporation	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	(80/
SIGNATURE  12.	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a n 607.0505, Flo	authorize orida Sta E: Register 13	ed by the atutes.  ed Agent  TITLE	the corporation	ion's bo	pard of directors.	ANGES TO C	DATE	pointment as r	ors in 12	(80/
office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a no 607.0505, Flower (NOT)	euthorize orida Sta E: Register 13	ed by the atutes.  ed Agent  TITLE  NAME	signature require	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	(80/
SIGNATURE  12.	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a no 607.0505, Flower (NOT)	E: Register  1.1  1.2  1.3	ed by the stutes.  ed Agent  .  TITLE  NAME  STREET	signature require	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	(60)
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AID BARE, JAMES A 17810 N DALE MABRY HWY LUTZ FL 33549	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a confidence with 607.0505, Fig. (NOT)	E: Register  13 1.1 1.2 1.3	ed by the atutes.  ed Agent 3.  TITLE  NAME  STREET /  CITY-ST-	signature require	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	9
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AID BARE, JAMES A 17810 N DALE MABRY HWY LUTZ FL 33549	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a no 607.0505, Flower (NOT)	E: Register  13 1.1 1.2 1.3 1.4 2.1	ed by the atutes.  ed Agent  TITLE  NAME  STREET /  CITY-ST-  TITLE	signature require	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	9
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AID BARE, JAMES A 17810 N DALE MABRY HWY LUTZ FL 33549  D BARE, CHRISTINE S	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a confidence with 607.0505, Fig. (NOT)	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2	ed by thatutes.  ed Agent  3.  TITLE  NAME  STREET /  CITY-ST-  TITLE  NAME	signature require  ADDRESS  -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	9
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Sectio ent and title if applicab	th change was a confidence with 607.0505, Fig. (NOT)	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	ed by the atutes.  ed Agent 3.  TITLE NAME STREET / CITY-ST- TITLE NAME STREET /	signature require  ADDRESS  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	9
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AID BARE, JAMES A 17810 N DALE MABRY HWY LUTZ FL 33549  D BARE, CHRISTINE S	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	th change was a pin 607.0505, Fig. (NOT)  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	ed by the atutes.  ed Agent   TITLE NAME STREET / CITY-ST- TITLE NAME STREET / CITY-ST	signature require  ADDRESS  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT Change	ORS IN 12	00 00 00 00 00 00 00 00 00 00 00 00 00
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	th change was a confidence with 607.0505, Fig. (NOT)	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 2.3 2.4 3.1	ed by the atutes.  ed Agent  3.  TITLE  NAME  STREET /  CITY-ST-  TITLE  NAME  STREET /  CITY-ST-  TITLE  TITLE  TITLE	signature require  ADDRESS  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT	ORS IN 12	00 00 00 00 00 00 00 00 00 00 00 00 00
office or ragent. I a agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	th change was a pin 607.0505, Fig. (NOT)  DELETE  DELETE	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	ed by tratutes.  ed Agent 3.  TITLE NAME STREET / CITY-ST- TITLE NAME STREET / CITY-ST- TITLE NAME NAME NAME NAME	signature require  ADDRESS -ZIP  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT Change	ORS IN 12	CD2E024 (41/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	th change was a pin 607.0505, Fig. (NOT)  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 3.3 2.4 3.1 3.2 3.3	ed Agent adules.  ed Agent  B.  TITLE  NAME  STREET /  CITY-ST- TITLE  NAME  STREET /  CITY-ST- TITLE  NAME  STREET /  STREET /  STREET /  STREET /	signature require  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE	AND DIRECT Change	ORS IN 12	CD2E024 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AI D BARE, JAMES A 17810 N DALE MABRY HWY LUTZ FL 33549 D BARE, CHRISTINE S 17810 N DALE MABRY HWY LUTZ FL 33549	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Flower. (NOT)  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4.	ed by the atutes.  ed Agent  ed Agent  B.  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  CITY-ST  CITY-ST  CITY-ST  CITY-ST  CITY-ST  CITY-ST	signature require  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	th change was a pin 607.0505, Fig. (NOT)  DELETE  DELETE	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 3.3 2.4 3.1 3.2 4.1	ed Agent 3. TITLE NAME STREET / CITY-ST- TITLE NAME STREET / CITY-ST- TITLE STREET / CITY-ST- TITLE TITLE STREET /	signature require  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change	ORS IN 12 Addit	9 9 10 10 10 10 10 10 10 10 10 10 10 10 10
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  TREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state agency of the state among the state and the state among the state am	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Flower. (NOT)  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2	ed by the tatutes.  ed Agent  TITLE  NAME  STREET / I  CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE  NAME  STREET / I  NAME  NAME  NAME  NAME  NAME  NAME  NAME	signature require  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change	ORS IN 12 Addit	9 9 10 10 10 10 10 10 10 10 10 10 10 10 10
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state agency of the state among the state and the state among the state am	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3	ed by the state of	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change	ORS IN 12 Addit	9 9 10 10 10 10 10 10 10 10 10 10 10 10 10
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state agency of the state among the state and the state among the state am	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	ed by the tatutes.  ed Agent  TITLE  NAME  STREET / I  CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE  NAME  STREET / I  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state agency of the state among the state and the state among the state am	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1	ed by that the state of the sta	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the obligati	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 3.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 5.1' 5.2	ed by the tatures.  ad Agent  TITLE  NAME  STREET /  CITY-ST-  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the obligati	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1' 5.2 5.3	ed by the tatures.  ad Agent  TITLE  NAME  STREET /  CITY-ST-  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  STREET /  CITY-ST  TITLE  NAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state and accept the obligation of the state agency of	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a no 607.0505, Fig. (NOT)  DELETE  DELETE  DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	ed by the tatutes.  ad Agent  TITLE  NAME  STREET / CITY-ST-  TITLE  NAME  STREET / CITY-ST-  TITLE  NAME  STREET / CITY-ST-  TITLE  NAME  STREET / NAME  STREET / NAME  STREET / ST-  TITLE  NAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state and accept the obligation of the state agency of	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a in 607.0505, Fig. (NOT) S DELETE DELETE DELETE	E: Register  13 1.1 12 1.3 1.4 2.1 2.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	ed by that the state of the sta	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the state and accept the obligation of the state agency of	e of Florida, Suc ations of, Section ent and title if applicab ND DIRECTORS	h change was a in 607.0505, Fig. (NOT) S DELETE DELETE DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	ed by title tatutes.  ed Agent  3. TITILE  NAME  STREET /  CITY-ST  TITILE  NAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ion's bo	pard of directors.	ANGES TO C	DATE DEFICERS	AND DIRECT Change Change Change	ORS IN 12 Addit	00 00 00 00 00 00 00 00 00 00 00 00 00

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 attach tent with an address, with all other like empowered.

SIGNATURE:

813-264-4411