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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90206 046 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000096050

1. Corporation Name
CRUZ "N" TRAVEL FIESTA, INC.



Principal Place of Business
 17 SOUTH FT HARRISON
 CLEARWATER FL 33756

Mailing Address
 17 SOUTH FT HARRISON
 CLEARWATER FL 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **8647-2 Little Rd**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **8647-2 Little Rd**
 Suite, Apt. #, etc.

22 City & State
 23 **NEW Port Richey FL**

24 Zip **34654** 25 Country **USA**

27 City & State
 28 **NEW Port Richey FL**

29 Zip **34654** 30 Country **USA**

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number
59-3469060

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

9. Name and Address of Current Registered Agent
CRUZ, SHARON
 17 SOUTH FT HARRISON
 CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8647-2 Little Rd

83

84 City **NEW Port Richey FL** 85 Zip Code **34654**

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 *Sharon Cruz* **SHARON CRUZ - PRESIDENT** 1-26-99
Signature, typed or printed name of registered agent, and title if applicable. (NONE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRUZ, SHARON | 1.2 NAME | |
| STREET ADDRESS | 17 SOUTH FT HARRISON | 1.3 STREET ADDRESS | 8647-2 LITTLE RD |
| CITY-ST-ZIP | CLEARWATER FL 33756 | 1.4 CITY-ST-ZIP | NEW Port Richey FL 34654 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRUZ-HUDSON, LORI L | 2.2 NAME | |
| STREET ADDRESS | 17 SOUTH FT HARRISON | 2.3 STREET ADDRESS | 8647-2 LITTLE RD |
| CITY-ST-ZIP | CLEARWATER FL 33756 | 2.4 CITY-ST-ZIP | NEW Port Richey FL 34654 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRUZ, SIGFREDO | 3.2 NAME | |
| STREET ADDRESS | 17 SOUTH FT HARRISON | 3.3 STREET ADDRESS | 8647-2 LITTLE RD |
| CITY-ST-ZIP | CLEARWATER FL 33756 | 3.4 CITY-ST-ZIP | NEW Port Richey FL 34654 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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, with all other like empowered.

SIGNATURE: *Sharon Cruz* **SHARON CRUZ President** 1/26/99 727-848-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)