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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000107569 (0)

NATIONAL TRAVEL SERVICES OF SWEETWATER, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



4519 GEORGE TAMPA FL 331		4519 GEORGE ROAD # TAMPA FL 33634	4519 GEORGE ROAD #110						
IMMPA PL 33	w -	MMFM FL 00004				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/23/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	A	oplied For	
21		26				59-3486051	No	ot Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional			
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the	- Austria	-	
24	25	29	30			Personal Property Tax due June 30.	Yes i	.10	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BLODIG, GREGORY J ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL.				OI Name					
				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
100 WEST CYPRESS CREEK ROAD SUITE 700				3					
FT.	LAUDERDALE FL 33309			,3					
				4 Ci	•	F		Code	
11. Pursuant to the provisions of Soctions 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 Stonature: Vivid or printed name of registered agent and titled applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed or printed name of registered agr OFF ICE DG AN	on: and title if applicable (NO D DIRLCTORS	13.	Agent sig	riature require	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	n Oi Het Ha AN	DILETE	1.1 1110			ADDITIONS/CHANGES TO OTHICE IS A	Change	Addition	
NAME	VERRILLO, JIM		1.2 NAM		[
STREET ADDRESS	4519 GEORGE ROAD #110			ET ADDE	IESS			[3	
CATY-ST-ZIP	TAMPA FL 33634			- ST - ZIP	·				
TITLE		DELETE	2.1 1110				Change	Addition	
NAME		_	2.2 NAM				-		
STREET ADDRESS			2.3 STRE		IESS			ĺ	
CITY-ST-ZIP				Y - ST - ZH					
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STREET ADDRESS			3.3 STRE	ET ADDE	RESS				
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NAME			5.2 NAM	ΙĒ				1	
STREET ADDRESS			5 3 STRE	ET ADDR	ESS		•	1	
CITY-ST-ZIP			5.4 CITY	-ST-71P					
TITLE		DELETE	6.1 THL	F			Change	Addition	
NAME			6.2 NAM	IE					
STREET ADDRESS			6.3 S1RE	ET ADDR	RESS				
CITY-ST-ZIP			6.4 CITY	-ST - 21P					

14. Thereby 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certificated in Section 119.07(3)(