04141999-90152-047-\$150.00-\$150.00 * 04141999-90152-048-\$8.75-\$8.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90152 047 ***150.00 04-14-1999 90152 048 *****8.75

i. Corporado	MENT # P9800(: TRAVEL, INC.	0000519			
Principal Plac	o of Rusinass	Mailing Address			
-		12000 MARBLEHEAD DRIV	JF.		,
12003 Marblehead Drive 12003 Marblehead Drive Tampa Fl 33626 Tampa Fl 33626			,,		
					DO NOT WRITE IN THIS SPACE
	-				3. Date Incorporated or Qualifed
				·	01/02/1998
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For 59 - 3501358. Not Applicable
		26 Cuite Act # et-			\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
2		27 			\$5.00 La. 22
					Trust Fund Contribution Added to Fees
3 Zip				у	8. This corporation owes the current year Intangible
4	25	29	30	-	Personal Property Tax. Yes No
~!	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Agent
			- 8	1 Name	
SMOTHERMAN, LORETTA W 12003 MARBLEHEAD DRIVE			ė:	2 Cimes Ad	ddress (P.O. Box Number is Not Acceptable)
			6	Z SINGE AU	udiass (F.C. Dox (autilibe) is not acceptable)
TAN	IPA FL 33626		8:	3	
			L		
			8	4 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOT	E: Registered Ap	ent eignature recu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. MLE	President	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME			1,2 NAME		/.
STREET ADDRESS	Laratta Winfrey-Smotherman DORESS 12003 Marhlehead Deive		1.3 STRE	ET ADDRESS	N/A
CITY-ST-ZIP	Tampa, Fla. 336	24	1.4 CITY-	ST-ZIP	·
MLE	Treasurer	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		Fernal	22 NAME		. 1/4
STREET ADDRESS	William A. Smathe 12003 Markichead	Salve	2.3 STREE	ET ADDRESS	N/A
TTY-ST-ZIP			2.4CITY-	4	•
TILE	Toursey) I pro months	DELETE	3.1 TITLE		Change Addition
WE	1		3.2 NAME	:]	
TREET ADDRESS	-		3.3 STRE	ET ADDRESS	The state of the s
TTY-ST-ZIP]		34 CITY	ST-20	
ITLE		DELETE	A.1 TITLE		☐ Change ☐ Addition
WE	ł		4,2 NAM		
TREET ADDRESS			4.3 STRE	ET ADDRESS	
XTY-ST-ZIP	<u> </u>		4.4 CTTY-	87- ZIP	
TILE	,	☐ DELETE	5.1 TITLE		Change Addition
AME			5.2 NAME	F	
STREET ADDRESS	i		E .	ET ADDRESS	·
XTY-ST-ZIP			5.4 CITY-		
mLE		O DELETE	6.1 TITLE		☐ Change ☐ Addition
ME			62 NAME	ļ.	
STREET ADDRESS		•		ETADORESS	
YTV. ST. 710	ļ		6.4 CTY-	ST-ZIP	

14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

March 16, 1999 (813) 891-0649