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 # P98000004997

1. Corporation Name

GREAT GETAWAY VENTURES, INC.

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90040 038 ***150.00



- morpar i las	5 6, Bas555	9				
5726 CORTEZ RD W. STE 338 BRADENTON FL 34210		5726 CORTEZ RD W. STE 338 BRADENTON FL 34210			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 01/15/1998	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	
21		26			65-080 6425 Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Ac	
22		27			Fee Req	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 N	
23		28			Trust Fund Contribution Added to	Fees
Zip —	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.	ZAIG
24	25	29 30	0		Personal Property Tax. L. Yes 1 10. Name and Address of New Registered Agent	No
	9. Name and Address of Curren	t Registered Agent		31 Name	10. Name and Address of New Registered Agent	
WOR	MELDORPH, HOWARD R		Ľ			
	PARKLAND DR		[8	Street Add	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34243			,	83		
			1	B4 City	FL 85 Zip Co	ode
44 D	4- th- provinings of Continue 507 050	2 and 607 1508 Florida Statutes	the abo	ove-named corr	i la di	egistered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florid	horized I la Statut	by the corporati	poration submits this statement for the purpose of changing its re ion's board of directors. I hereby accept the appointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE: Re	egistered A	gent signature requin		;
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITL	ļ	☐ Change	☐ Addition
NAME	MARQUIS, ROGER A		1.2 NAM	Æ ∫		
STREET ADDRESS	5726 CORTEZ RD W, STE 338		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210	(C) per exe	_	/-ST-ZIP	☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITL	I .	Change	
NAME	OWEN, ALEXANDRA P		2.2 NAM			
STREET ADDRESS	5726 CORTEZ RD W, STE 338			EET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210	☐ DELETE		Y-ST-ZIP	Change	Addition
TITLE		□ DECE 16	3.1 TITL			
NAME			3.2 NAM			
STREET ADDRESS						}
CITY-ST-ZIP				EET ADDRESS		
<i>™E</i>		□ DELETE	3.4. CIT	Y-ST-ZIP	E1 Change	☐ Addition
		☐ DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP	☐ Change	Addition
NAME		☐ DELETE	3.4. CIT 4.1 TITL 4.2 NAM	Y-ST-ZIP E ME	☐ Change	Addition
STREET ADDRESS		☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NAM 4.3 STR	Y-ST-ZIP E WE EET ADORESS	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY	Y-ST-ZIP E ME EET ADORESS (-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITS 5.1 TITL	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAI	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E IE EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITN	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E IE EET ADDRESS (-ST-ZIP	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E	☐ Change	☐ Addition

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:

PALEXANORA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR