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 # P9800007509

TRAVEL GROUP UNLIMITED, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90001 009 ***158.75



Principal Place of Business Mailing Address						1 18811881 1818 1811 18111 88111 88111	88 111 88 151	9811C 18891 311		
2525 S.W. 34TH FT. LAUDERDAI		2525 S.W. 34TH AVE. FT. LAUDERDALE FL 33312			DO NOT WRITE	E IN THIS	SPACE			
						3. Date Incorporated or Qualifed				
					ĺ	01/14/1998				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo		Applied For		
26						65-0809220		1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. E. Cariffrato of Ctatus Desired	×	\$8.75	Additional	
22		27				5. Certifcate of Status Desired	W	Fee F	Required	
City & State		City & State			٠.	6,-Election Campaign Financing \$5.00 May Be				
		28			/	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	8.		8. This corporation owes the currer	nt year Inf	angible	_	
24	25	25 29 30			Personal Property Tax. 🛣 Yes 🗆 No					
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New Re	gistered	Agent		
	1		8	1 Name	3	~ · · · ·			ì	
Cannon, Joseph J 2525 S.W. 34Th Ave.			8:	2 Street	Addres	ss (P.O. Box Number is Not Acceptab	le)			
FT. L	Auderdale FL 33312		83	3						
			84	4 City				85 Zip	Code	
	to the provisions of Sections 607.0502		1	'			FL	• []		
	Signature, typed or printed name of registered agent			ent signature r	v beriuper	when reinstating)	DATE .	ID DIRECT	FORS IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AI	Change		
TITLE	DPT CANDON ICCORDING	☐ DELETE	1.1 TITLE		1				o Livadiaon	
NAME	CANNON, JOSEPH J		1.2 NAME						\ \	
STREET ADDRESS				ET ADDRESS					1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	☐ DELETE	1.4 C/TY-		-	110		Chang	e Addition	
TITLE '	DVPS		2.1 TITLE		2	wid Corrodsqu	105	- Course		
NAME	CARRADEGUAS, DAVID		2.2 NAME		70.	INE 46 CT	- //		J	
STREET ADDRESS	5755 N.W. 58TH AVE.,#1105			ET ADDRESS	1	1. Innd F1 ,3333	141	IPS	}	
CITY-ST-ZIP	TAMARAC FL 33319			-ST-ZiP	'	7		enang	e Addition	
TITLE	D PECCEDE DADDVI		3.1 TITLE 3.2 NAME		1 2	Dovid Connodegue 1 NE 46 CT 1 Lond, F1,3333 SSERE DARRYA 19 ISLANDSHOTTES			_	
NAME	LESSERE, DARRYL 1500 Bay Rd.,#1233			ET ADDRESS	11	IL ISLAND SHOTTES	S DD	IVE	ì	
STREET ADDRESS	MIAMI BEACH FL 33139		3.4, CITY		l ii	MB, FL 3341	-			
CITY-ST-ZIP TITLE	MINIMI DEVOLLEE 20129	☐ DELETE	4,1 TITLE		 			Chang	e Addition	
NAME		**************************************	4, 2 NAMI	i	1					
			1	ET ADDRESS						
STREET ADDRESS	•		4.4 CITY-			•				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		\vdash			☐ Chang	e Addition	
NAME			5.2 NAME		1			_		
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-						Ĭ	
TITLE		☐ DELETE	6.1 TITLE		T			Chang	e Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS	[1	
CITY-ST-ZIP	A THE STATE OF STATE		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 receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or of

SIGNATURE: