

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 # P98000012653

1. Corporation Name

MEDITERRANEAN TRAVEL, INC.

Principal Place of Business

2455 E. SUNRISE BLVD., STE 500  
FT. LAUDERDALE FL 33304

Mailing Address

2455 E. SUNRISE BLVD., STE 500  
FT. LAUDERDALE FL 33304

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90083 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

15-0830173

Applied For  
Not Applicable

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

2. Principal Place of Business

PO Box 11332  
Suite, Apt. #, etc.

2a. Mailing Address

PO Box 11332  
Suite, Apt. #, etc.

23. City & State

FT. LAUDERDALE, FL  
Zip Country

27. City & State

FT. LAUDERDALE, FL  
Zip Country

24. 33339

25. USA

29. 33339

30. USA

9. Name and Address of Current Registered Agent

BUTLER, P.C.  
3583 NW 0TH AVE.  
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name

OSMAN OZYIGIT

82. Street Address (P.O. Box Number is Not Acceptable)

2709 E. PARK BLVD.

83.

84. City

FT. LAUDERDALE FL

85. Zip Code

33306

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 *X* *Osman Ozyigit*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BUTLER, P.C.  
STREET ADDRESS 3583 NW 0TH AVE.  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *P.O.* ☒ Change ☐ Addition  
1.2 NAME *OSMAN OZYIGIT*  
1.3 STREET ADDRESS *2709 E. PARK BLVD.*  
1.4 CITY-ST-ZIP *FT. LAUDERDALE, FL 33306*

2.1 TITLE *P.O.* ☒ Change ☐ Addition  
2.2 NAME *OSMAN OZYIGIT*  
2.3 STREET ADDRESS *2728 NE 14th St.*  
2.4 CITY-ST-ZIP *FT. LAUDERDALE, FL 33304*

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *X* *Osman Ozyigit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/30/99 954-5673642  
Date Daytime Phone #

CR2E034 (11/98)