03191999-90009-013-$150.00-$150.00 * 03191999-90009-014-$8.75-$8.75

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90009 013 ***150.00
03-19-1999 90009 014 *****8.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023416

1. Corporation Name
TRAVEL INSIDER, INC.

Principal Place of Business	Mailing Address
515 EAST LAS OLAS BLVD. STE. 1350 FT. LAUDERDALE FL 33301	515 EAST LAS OLAS BLVD. STE. 1350 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1998

4. FEI Number: 65-0836815 ☐ 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	2a. Mailing Address
21 95 So. Federal Highway	26
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Florida	City & State 28
Zip / Country 24 33432 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ULLMAN, HOWARD F
515 EAST LAS OLAS BLVD. STE. 1350
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Howard F. Ullman
82 Street Address (P.O. Box Number is Not Acceptable): 95 So. Federal Highway
83 Suite 200
84 City: Boca Raton FL 85 Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ULLMAN, HOWARD F		1.2 NAME	Howard F. Ullman	
STREET ADDRESS	515 EAST LAS OLAS BLVD. STE. 1350		1.3 STREET ADDRESS	95 So. Federal Highway, Suite 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		☐ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME			2.2 NAME	George L. Kokinos	
STREET ADDRESS			2.3 STREET ADDRESS	23123 S.R. 7, Suite 340 B	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Howard F. Ullman — January 22, 1999 — (561) 338-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #