PROFIT 🗳 🍛 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENTOF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032843

1. Corporation Name

RY FOR TRAVEL P.A.

Principal Place of Business 2728 WASHINGTON STREET	Mailing Address 2728 WASHINGTON STRI	EET						
HOLLYWOOD FL 33020-5736	HOLLYWOOD FL 33020-5	736			DO NOT WRI	TE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed 04/08/1998			
2. Principal Place of Business	2a. Mailing Address				4 EEI Number		IIA	oplied For
21	26				65-0826339		N	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22 City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution			to Fees
Zip Country	Zip		untry		8. This corporation owes the curr			≥ N₀
24 25	[29]	30			Personal Property Tax. 10. Name and Address of New I		Yes	CZNAO
9. Name and Address of Curren	t Registered Agent		81 Na	me	19. Agitte and Address of New C	redistance v		
CONTI, SANDRA								
2728 WASHINGTON STREET			82 Street Addre		ess (P.O. Box Number Is Not Accept	able)		
HOLLYWOOD FL 33020-5736			83					
•			04 63				85 ZIp	Code
•			84 City			FL	1 1	
office or registered agent, or both, in the State of spent, I am familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, F	authorize Ionda Stal	d by the c lutes.	orporation	oration submits this statement for the n's board of directors. I hereby acce	pt the appoin	инен ав н	gistered
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligate StGNATURE Stgnature, troad or printed name of registered agent.	of Honda, Such change was tions of, Section 607.0505, F It and title if applicable. (NO	iorida Stal	d Dy the c lutes. d Agent signs	cipuration	when reinstating)	DATE		
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate StGNATURE Stgnature, typed or printed name of registered agent. OFFICERS AN	of Florida, Such change was tions of, Section 607.0505, Fit and little if applicable. (NO D DIRECTORS	iorida Stal	d Agent signs	cipuration	res sould of directors. Thereby acce	DATE	DIRECT	ORS IN 12
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligated StGNATURE Stgnature, typed or printed name of registered agent. 12. OFFICERS AN	of Honda, Such change was tions of, Section 607.0505, F It and title if applicable. (NO	TE: Registere 13.	d Agent signs	cipuration	when reinstating)	DATE		
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate StGNATURE Stgnature, typed or printed name of registered agent. 12. OFFICERS AN TILE DPST NAME CONTI, SANDRA	of Florida, Such change was tions of, Section 607.0505, Fit and little if applicable. (NO D DIRECTORS	TE: Registere 13.	d Agent signs	ture required	when reinstating)	DATE	DIRECT	ORS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate SIGNATURE Signature, typed or printed name of registered agent agent. I am DPST CONTI, SANDRA CONTI, SANDRA 2728 WASHINGTON STREET ADDRESS CONTI, SANDRA	of Florida, Such change was tions of, Section 607.0505, Fit and little if applicable. (NO D DIRECTORS	TE: Registere 13. 1.1 Ti 1.2 Ni 1.3 S	d Agent signs TLE IME TREET ADDR	ture required	when reinstating)	DATE	DIRECT	ORS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate StGNATURE Stgnature, typed or printed name of registered agent. 12. OFFICERS AN TILE DPST NAME CONTI, SANDRA	of Florida, Such change was tions of, Section 607.0505, Fit and little if applicable. (NO D DIRECTORS	TE: Registere 13. 1.1 Ti 1.2 Ni 1.3 S	d Agent signs ITLE IAME ITREET ADOR ITTY-ST-ZP	ture required	when reinstating)	DATE	DIRECT	ORS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate SIGNATURE Signature, typed or printed name of registered agent. I am I a	of Florida, Such change was tions of, Section 607.0505, F	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 1.4 C	d Agent signs d Agent signs TILE IAME STREET ADDR	ture required	when reinstating)	DATE	DIRECTO	DRS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated second secon	of Florida, Such change was tions of, Section 607.0505, F	TE: Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	d Agent signs d Agent signs TILE IAME STREET ADDR	ture required	when reinstating)	DATE	DIRECTO	DRS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate StGNATURE Stgnature, troad or printed name of registered agent. I am I a	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	### 13.5 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 2	d Agent signs d Agent signs title MAME STREET ADOR STY-ST-ZIP STREET ADOR STREET ADOR STREET ADOR	ture required	when reinstating)	DATE	DIRECTO Change	ORS IN 12 ☐ Addition ☐ Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated separate states. Stgnature. Signature, troad or printed name of registered agent. 12. OFFICERS AN TILE DPST CONTI, SANDRA 2728 WASHINGTON STREET HOLLYWOOD FL 33020-5736 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of Florida, Such change was tions of, Section 607.0505, F	13. 1.1 T 12.N 13.5 14.0 2.1 T 22.N 2.3 S 2.4.4 3.1 T	d Agent algree TILE AME TITLE	ture required	when reinstating)	DATE	DIRECTO	DRS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated separate states. Stgnature. Signature, typed or printed name of registered agent. 12. OFFICERS AN TILE DPST CONTI, SANDRA 2728 WASHINGTON STREET HOLLYWOOD FL 33020-5736 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	13. 1.1 T 12.N 13.5 14.0 2.1 T 22.N 2.3 S 2.44 2.1 T 32.N	d Agent signe ITLE MAKE STYLET ADOR STYL	ture required	when reinstating)	DATE	DIRECTO Change	ORS IN 12 ☐ Addition ☐ Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	13. 1.1T 12N 13.5 14C 2.1T 22N 2.3 S 2.44 3.1T 3.2N 3.3 S 3.	d Agent algore TILE MAKE TITLE TI	ture required	when reinstating)	DATE	DIRECTO Change	ORS IN 12 ☐ Addition ☐ Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	13. 1.1T 12N 13.5 14C 2.1T 22N 2.3 S 2.44 3.1T 3.2N 3.3 S 3.	d Agent algore TILE AAME TITLE TI	ture required	when reinstating)	DATE	DIRECTO Change	ORS IN 12 ☐ Addition ☐ Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	13. 1.1 T 12.N 13.5 14.0 21.1 22.N 22.1 3.2 N 23.1 3.3 3.4 4.1 T 13.5 3.4 5.4 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	d Agent algore TILE AAME TITLE TI	ture required	when reinstating)	DATE	DIRECTO Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	13. 1.1T 12N 13.5 14C 21T 22N 2.3S 2.44 3.1T 3.2N 3.4.1 4.21	d Agent signs d Agent signs TILE MAME TITLE	ESS ESS	when reinstating)	DATE	DIRECTO Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar	Trinora, Such change was gions of, Section 607.0505, Fit and title if epiticable. (NO D DIRECTORS DELETE	TE: Requiserer 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 (3.1 TI 3.2 N 3.3 S 3.4 (4.1 TI 4.2 I 4.3 S	ITLE MAME TITLE TITLE MAME TITLE TITLE MAME TITLE TITLE MAME TITLE MAME TITLE TITLE MAME TITLE TITLE TITLE MAME TITLE TITLE TITLE MAME TITLE	ESS ESS	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar with agent. I am familiar with agent. I am familiar with and accept the obligated agent. I am familiar	of Florida, Such change was tions of, Section 607.0505, Fit and the if applicable. (NO D DIRECTORS DELETE	### 13.5	ITLE MARE TITLE	ESS ESS	when reinstating)	DATE	DIRECTO Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligated agent. I am familiar	Trinora, Such change was gions of, Section 607.0505, Fit and title if epiticable. (NO D DIRECTORS DELETE	### 13.5	I DUTES. I AGENT SOME TITLE MAKE TITLE	ESS	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligated separate the state of the state o	Trinora, Such change was gions of, Section 607.0505, Fit and title if epiticable. (NO D DIRECTORS DELETE	### 13.5	ITLE MARE TITLE MARE TITLE TITLE MARE MARE TITLE MARE MARE TITLE MARE TITLE MARE TITLE MARE	ESS	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated separate	THOROS, SUCH CHANGE WISSONS, FILENDERS OF SOLICE OF SOLI	### 13.5	ITLE AME TITLE AME TITLE	ESS	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligated separate the state of the state o	Trinora, Such change was gions of, Section 607.0505, Fit and title if epiticable. (NO D DIRECTORS DELETE	13. TE Requiserer 13. 1.1 TE 12. N 13. S 14. C 2.1 TE 22. N 2.3 S 2.4 C 3.1 T 3.3 S 3.4 C 4.1 T 4.2 C 5.5 T 5.2 N 5.3 S 6.4 C 5.5 T 5.2 N 5.3 S 6.4 C	I DE CONTRE LA C	ESS	when reinstating)	DATE	DIRECTI Change Change Change	ORS IN 12 Addition Addition Addition

CITY-ST-ZP 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 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 in address, with all other like ampowered.

6.4 CITY-ST-ZIP

May 06, 1999 8:00 am Secretary of State

05-06-1999 90008 028 ***150.00