OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

MORGAN TRAVEL PLUS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90022 035 ***150.00

OCUMENT #	P98000039707
Corporation Name	1 30000003101

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							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	7
							04/30/1998	}
Principal P	lace of Business	22	Mailing Address				4. FEI Number Applied For	1
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		28					Trust Fund Contribution	1
Zip	Country		Zip	Col	untry		8. This corporation owes the current year	1
25		29	29				Intangible Personal Property. Yes XNo	1
	9. Name and Address of Cur	rent Regis	tered Agent		1		10. Name and Address of New Registered Agent	┨
MO	RGAN, EARL				81	Name		ĺ
	18 15TH ST. EAST, #204				82	Street A	Address (P.O. Box Number is Not Acceptable)	1
	ADENTON FL 34203					<i>50</i> 3	36 PERIDIA BLVD E	┧
010	DEITHOR TE 04200				83			ļ
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. Pursuant office of	t to the provisions of sections 607.0 registered agent, or both, in the St	0502 and 60 ate of Florid	07.1508, Florida Stat da. Such change wa	utes, the at is authorize	ed by	named cor the corpor	orporation submits this statement for the purpose of changing its registered pration's board of directors, I hereby accept the appointment as registered	
	am familiar with, and accept the of							l
GNATURE				(NOTE: P1-1			re required when reinstating) DATE	Į.
	Signature, typed or printed name of registered OFFICERS			13.		gent signature	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	18
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IGNATURE:

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. RECEIVEARL D. MORGAN

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7/14/99 (941)756-6809

Morgan Travel Plus, Inc.

P98000039707 596448-90022-3*

5108 15th Street East, Suite 204 Bradenton, FL 34203

Voice (941) 756-6809 : FAX (941) 751-6197

Annual Reports Filings Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 July 14, 1999

Good Morning:

Enclosed is our check for \$150 to pay the 1999 Annual Report and Corporation Supplemental Fee.

We respectfully request that you waive the \$400 late fee. We are a new corporation as of May 30, 1998, and we did not realize there was an annual filing fee. In the future we will anticipate the annual report and pay the filing fee by the due date.

Thank you for your consideration and understanding.

Sincerely yours,

Earl D. Morgan