

99 OCT 11 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

618931⁸ - 90001 - 3

DOCUMENT #
1. Corporation Name
Passport to America

Principal Place of Business	Mailing Address
927 Palm Cove Wy Orlando, FL 32835	

2. Principal Place of Business		2a. Mailing Address	
21	927 Palm Cove Dr	26	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23	ORland FL	28	
	Zip Country		Zip Country
24	92735 USA	29	
		30	

DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualified	
4. FEI Number	☒ 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
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of New Registered Agent	

5. Name and Address of Current Registered Agent		81	Name
maile E Johnston		82	Street Address
927 Palm Cove Dr		83	
Orlando FL 32835		84	City

19. Name and Address of New Registered Agent

sa (P.O. Box Number is Not Acceptable)

7

61	85	Zip Code
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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 607.1505, Florida Statutes.

SIGNATURE Mark E. Johnson
Signature, typed or printed name of registered agent and title if applicable. (10)

(NOTE: Registered Agent signature required when renewing)

DATE

12.	OFFICERS AND DIRECTORS	☐ DELETE
TITLE	<i>Mark E Johnston</i> <i>927 Palm Cove Ry</i> <i>Orlando FL 32835</i>	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		☐ DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		☐ DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		☐ DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
7.1 TITLE	☐ Change ☐ Addition
7.2 NAME	
7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP	

SP

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 filers empowered.

SIGNATURE: [Signature]

9/30/99

Page _____ Number of Pages _____

Passport to America
927 Palm Cove Drive
Orlando, Florida 32835

September 14, 1999

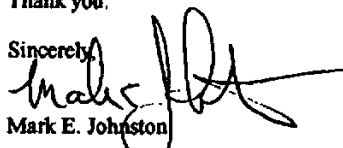
Florida Department of State
Division of Corporations
PO BOX 327
Tallahassee, FL 32314

To Whom It May Concern,

Please use this letter as and instrument in writing to submit my filing fee for the above referenced corporation. I had changed my mailing address and did not receive the filing info previously sent.

Thank you.

Sincerely,


Mark E. Johnston