

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000075909

1. Corporation Name

PROFESSIONAL TRAVEL CONSULTANTS, INC.

Principal Place of Business

100 SO. ASHLEY DR., STE. 200  
TAMPA FL 33602

Mailing Address

100 SO. ASHLEY DR., STE. 200  
TAMPA FL 33602

FILED

99 SEP -2 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

59-3235725

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.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DONNELLY, JOSEPH B  
102 WEST WHITING ST., STE. 201  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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                            | <input type="checkbox"/> DELETE |
| NAME           | D'ANGELO, GINA               |                                 |
| STREET ADDRESS | 100 SO. ASHLEY DR., STE. 200 |                                 |
| CITY-STATE-ZIP | TAMPA FL 33602               |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 3641 W. Kennedy Blvd., Suite G   |
| 1.4 CITY-STATE-ZIP | Tampa, FL 33609  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-STATE-ZIP |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-STATE-ZIP |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-STATE-ZIP |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-STATE-ZIP |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina L. d'Angelo

8-9-99

813-875-8785

Date

Daytime Phone #

CR2E034 (5/99)

3641 W. Kennedy Blvd.  
Suite G  
Tampa, FL 33609  
(813) 875-TRVL (8785)  
(800) 777-5445  
(813) 875-5315 FAX

E-mail: fl.classic@uniglobe.com  
<http://www.uniglobe.com/fl.classic>



August 6, 1999

Ms. Sean Toner  
Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Professional Travel Consultants, Inc.  
Annual Report

Dear Ms. Toner:

Enclosed please find a check for \$150.00 for the 1999 Profit Corporation Annual Report fee for the above referenced company. The Annual Report is also enclosed.

Professional Travel Consultants, Inc. relocated in December, 1998. We did not received the 1st notice for the Annual Report due to the fact that it was not forwarded to our new address.


Please change the mailing address as follows:

3641 W. Kennedy Blvd, Suite G  
Tampa, FL 33609

If you have any questions, please contact me at 813-875-8785.

Thank you for your assistance in this matter.

Best Regards,



Gina L. D'Angelo  
President