

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000084169
1. Corporation Name
Travel Network of Melbourne, Inc

99 MAY -4 PM 2:25

Principal Place of Business Mailing Address
1000 N. Wickham Road 1000 N Wickham Road
Inside Walmart Inside Walmart
Melbourne Florida 32935 Melbourne Fla 32935

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ETTMAN DANIEL L
1000 N Wickham Road
Inside Walmart
Melbourne Florida 32935

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
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FL

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. Thereby 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.

(If not, Registered Agent's name, address, and telephone number)

DATE

12 OFFICERS AND DIRECTORS

TITLE	PSTD	[DELETE]
NAME	ETTMAN, DANIEL L	
STREET ADDRESS	296 E. EAU GALIE CAUSEWAY	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	PSTD	[DELETE]
NAME	Ettman Daniel L.	
STREET ADDRESS	1000 North Wickham Road	
CITY-ST-ZIP	Melbourne Fla 32935	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13	[CHANGE] [ADDITION]
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 407-757-7444

CR2E034 (11/98)