Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90055 019 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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	27	,·			5. Cert	tifcate of Status Des	aired 🔲 🚐		
ite		City & State			6. Elec	ction Campaign Fina	ncina —	\$5.00	May Re
	28							•	,
Country		Zip	Coun	try	8. This	s corporation owes the	ne current year Int	angible	
25	29		30			<u> </u>		Yes	□No
9. Name and Address of Curre	nt Regis	tered Agent	<u> </u>	R4   11===		me and Address of	New Registered	Agent	
NRO, MICHAEL D				Nam	е				
SEAVIEW CIRCLE			[4	32 Stree	et Address (P.O. E	Box Number is Not A	Acceptable)		
TIN FL 32541				83	<del>.</del>		1		
			1	34 City			FI	85 Zip C	ode
to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statute	es, the abo	J ove-name	d corporation sub	mits this statement	for the numose of	changing its	registered
registered agent, or both, in the State	e of Floric	la. Such change was au	uthorized I	by the cor	poration's board o	of directors. I hereby	accept the appoir	ntment as reg	jistered
		0000011 007.0000, 7101	NG CIGIGI						
Signature, typed or printed name of registered ag			Registered A	gent signatur		4,	DATE		
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	TRAVEL PROVIDERS, INC.  TRAVEL PROVIDERS, INC.  The of Business  The of Bu	TRAVEL PROVIDERS, INC.  De of Business M CIRCLE 606 H, etc. 27  The 28  Country 29  9. Name and Address of Current Register Service CIRCLE TIN FL 32541  To the provisions of Sections 607.0502 and 6 registered agent, or both, in the State of Floric am familiar with, and accept the obligations of, Signature, typed or printed name of registered agent and title OFFICERS AND DIRE	TRAVEL PROVIDERS, INC.  The of Business	TRAVEL PROVIDERS, INC.  De of Business  CIRCLE  606 SEAVIEW CIRCLE  DESTIN FL 32541  Place of Business  2a. Mailing Address  26  #, etc.  Suite, Apt. #, etc.  27  te  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  All Country  SEAVIEW CIRCLE  TIN FL 32541  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above a suite of Florida. Such change was authorized larm familiar with, and accept the obligations of, Section 607.0505, Florida Statut  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13.  DELETE  In TITLE  TO DELETE  1.1 TITLE  TO DELETE  TO DELETE  1.1 TITLE  TO DELETE  1.1 TITLE  TO DELETE  1.1 TITLE  TO DELETE  1.1 TITLE  TO DELETE  TO DELETE  1.1 TITLE  TO DELETE  TO DELETE	TRAVEL PROVIDERS, INC.  The of Business	TRAVEL PROVIDERS, INC.  De of Business  CIRCLE  606 SEAVIEW CIRCLE  DESTIN FL 32541  3. Dat  100  Place of Business  2a. Mailing Address  26 56  #, etc.  Suite, Apt. #, etc.  27  Delete  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  A This  Per  3. Det  100  #, etc.  5. Cer  Tru  Country  Zip  Country  Zip  Country  A This  Per  3. Det  100  8. This  Per  4. FEI  5. Cer  100  100  100  100  100  100  100  1	TRAVEL PROVIDERS, INC.  De of Business  CIRCLE  606 SEAVIEW CIRCLE  DESTIN FL 32541  DO NO  3. Date Incorporated or Or 10/22/1998  4. FEI Number  59 - 3/5 / 2  #, etc.  Suite, Apt. #, etc.  5. Certificate_of Status Destines Trust Fund Contribution  Country  Zip  Country  Zip  Country  Zip  Country  30  Personal Property Tax.  9. Name and Address of Current Registered Agent  IRO, MICHAEL D  SEAVIEW CIRCLE  TIN FL 32541  81  Street Address (P.O. Box Number is Not Among was authorized by the corporation's board of directors. I hereby me familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby me familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby me familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby me familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicative.  (NOTE: Registered Agent agrature required when reinstaturg)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES	TRAVEL PROVIDERS, INC.  De of Business  Mailing Address CIRCLE  606 SEAVIEW CIRCLE DESTIN FL 32541  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified 10/22/1998  Place of Business  2a. Mailing Address 25	TRAVEL PROVIDERS, INC.  TO Business  TRAVEL PROVIDERS, INC.  TO Business  TO NOT WRITE IN THIS SPACE  TO SET THE NUMBER  TO SET THE NUMBER  TO SET THE NUMBER  TRUST FUND COUNTRY  TO SET THE NUMBER  TRUST FUND COUNTRY SET THE NUMBER  TO SEAVEW CIRCLE  TO NAME and Address of New Registered Agent  TO Name and Address of New Registered  TO Name and Address of New Registered  TO Name and Addre

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.

6.4 CITY-ST-ZIP

Lube Travel Providers, INC JAU4,1999 8506502681 SIGNATURE: