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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$13927

SELECT	SPORT TRAVEL, INCORPO	ORATED							
Drinning I Dinas	of Duniana	Mailing Address			I	[HIGH (1901 BIGH 9	1911 1918 1918 1918 1918 1918 1918 1918 1918 1918 1918 1918 1918 1918 1918 19	J1014 0401) 1001
Principal Place of Business Mailing Address 7628 S TAMIAMI TRAIL SARASOTA FL 34231 US Mailing Address 7628 S TAMIAMI TRAIL SARASOTA FL 34231 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						6/1990			antical For
2. Principal Place of Business 2a. Mailing Address					4. FEI N	1252753		 	oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			cate of Status Desired	\$8.75 Additional		
27					£ Florti	on Campaign Financing			May Be
23	5	28			I	Fund Contribution	'	Added t	
Zip			Country	try 8. This corporation owes the current ye		rrent year Int			
24	25 29 30		0			nal Property Tax.		Yes	□No
	9. Name and Address of Curre		,	10. Name	and Address of New	Registered	Agent		
				Name					
RUDD, EDWARD S.			82	Street A	Address (P.O. Bo	x Number is Not Accep	table)		
1614 CARIBBEAN DR					<u></u>	<u> </u>			
SAR	ASOTA FL 34231		83	1					
• •			84	City		 		85 Zip (Code
				J			FĻ		
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	i02 and 607.1508, Florida Statutes e of Florida. Such change was aut lations of, Section 607.0505, Florid	i, the abov horized by la Statutes	the corpo	corporation submoration's board of	directors. I hereby acc	ept the appoi	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	(NATE: D	temetered Ane	ent signature re	equired when reinstating	1)	DATE		
12.		ND DIRECTORS	13.	- Ognoton		IONS/CHANGES TO O		ND DIRECTO	ORS IN 12
TITLE	DP	DELETE	1.1 TITLE					Change	Addition
NAME			1,2 NAME						
STREET ADDRESS	1614 CARIBBEAN DR		1.3 STREET ADDRESS						
	INCORE CI		1.4 CITY-5	į					
CITY-ST-ZIP	OAMOOTATE	□ DELETE	2.1 TITLE	31-21				Change	☐ Addition
NAME			2.2 NAME						
STREET ADORESS				TADORESS					
CITY-ST-ZIP			2. 4 CITY-						ļ
TITLE			3.1 TITLE	3				☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADORESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	☐ DELETE 4.11		4.1 TITLE					Change	☐ Addition
NAME	4. 2		4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZiP			4.4 CITY-						
TITLE		DELETE 5.1		7				☐ Change	☐ Addition
NAME.			5.2 NAME			•			
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-1						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						

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 of the corporation of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90005 024 ***150.00