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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27885

(0)

FILED Feb 02 1998 8:00am Secretary of State

A 1 TO	OURS AND TRAVEL, INC.	. (5)			ATRIX ATRIX ATRIX ATRIX ATRIX TRAC
Principal Plan	ce of Business	Mailing Address			81811
2701 SUNSET PT RD. 2701 SUNSET PT RD. CLEARWATER FL 34619 CLEARWATER FL 34619				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
			···	01/28/1991	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# ato	26 Suto Apt # pto		59-3044092	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Curren		30]	Personal Property Tax due June 30.	Yes No
	<u></u>	r ueðistelen viðetit	B1 Name	10. Name and Address of New Register	ed Agent
SCHEITINGER, STEPHEN			Name		
671 LAKE MAGGIORE BLVD S ST PETERSBURG FL 33705			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
51	PETERSBURG PL 33/05		83		
			84 City	E	85 Zip Code
11, Pursuant office or agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607,0505, Flor	ida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	
40	Signature, typed or printed name of registered ager OFFICERS AND		Registered Agent signature requ		
12.	PT OFFICERS AINE	DELETE	13. 1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SCHEITINGER, STEPHEN		1.2 NAME		
STREET ADDRESS	671 LAKE MAGGIORE BLVD		1.3 STREET AODRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 City-SI-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHEITINGER, GEORGE		2.2 NAME		
STREET ADDRESS	1395 HEATHER RIDGE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DENEDIN FL		2. 4 CITY+ST-ZiP		
TITLE	8	☐ DELETE	3.1 TITLE		Change Addition
NAME	SPOHN, BARBARA		3.2 NAME		
STREET ADDRESS	2368 MOOREHAVEN DR W		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		Change Addition
NAME	FANNIN, PAM		4. 2 NAME		
STREET ADORESS	1756 BARN OWL WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY - ST - ZIP	-	
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		[] N	5.4 CITY-ST-ZIP		·· []
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information supplied with	th this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3/(i) Florida Statutas Hurthor	codify that the information

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 logal 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.

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Schammer Schammer

1-27-91

E13-216-2555