

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**DOCUMENT # S70357**

1. Corporation Name

**WORLD TRAVEL & TELEMARKETING, INC.**

Principal Place of Business

 925 S. SEMORAN BLVD.  
SUITE 108  
WINTER PARK FL 32792

Mailing Address

 925 S. SEMORAN BLVD.  
SUITE 108  
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1991

4. FEI Number

59-3092595

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 Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

 81 Name **Jeffrey R. Clark**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3367 LAKEVIEW OAKS DR.**

83

84 City

**Longwood**

FL

85 Zip Code

**32729**

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, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

 NAME **D**  
STREET ADDRESS **CLARK, JAMES R.**  
CITY-ST-ZIP **1421 SHADWELL CIRCLE**  
**HEATHROW FL**

 TITLE ☐ DELETE

 NAME **D**  
STREET ADDRESS **CLARK, JEFFREY R.**  
CITY-ST-ZIP **115 SHEALEY ROAD**  
**LAKE MARY FL 32746**

 TITLE ☐ DELETE

 NAME  
STREET ADDRESS  
CITY-ST-ZIP

 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

 2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 807, 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

1/13/99

407.657-1994

Date

Daytime Phone #

CR2E034 (1/1/98)

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90259 029 \*\*\*158.75

