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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V12799

GLOBAL TRAVEL MANAGEMENT, INC.

Principal Place	of Business	Mailing A	Address									
•		=										
50 COCOANUT ROW 216		50 COCOANUT ROW SUITE 216										
PALM BEACH FL 33480		PALM BEACH FL 33480					İ	DO NOT WRITE IN THIS SPACE				
US		US					3.	3. Date Incorporated or Qualifed 02/07/1992				
2. Principal Pla	ace of Business	2a. Mailí	ng Address				4.	FEI Number			Applied For	
21		26						65-0317444			Not Applicable	
Suite, Apt. 1	# etc		, Apt. #, etc.							\$8.75	5 Additional	
─ 1 ' '		27			~ -		<u>5.</u>	Certifcate of Status Desired		Fee	Required	
City & State	2		& State				8	Election Campaign Financing		\$5.0	0 May Be	
一、 ・		28					"	Trust Fund Contribution			ed to Fees	
23 Zip	Country	Zip	 ,	Co	untry			This corporation owes the cur	rent vear In	tannible	-	
		29		30	,		٥.	Personal Property Tax.	icin your	X Yes	□No	
24	25 9. Name and Address of Current		Agent	[30]	1		10.	Name and Address of New	Registered	_ ``		
	9. Name and Address of Content	Kegistered	Agoin		81	Name					-	
HENI	DEDSON IAMES D II											
HENDERSON, JAMES D., II 50 COCOANUT ROW, SUITE 216					82 Street Addres			ess (P.O. Box Number is Not Acceptable)				
	•								-90	 .		
PALN	M BEACH FL 33480				83							
					84	City				85 Zi	ip Code	
					i l	•		•	FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.15	08, Florida Statul	tes the	above	-named	corporation	n submits this statement for the	e purpose of	f changing	its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Su ons of Secti	ion change was a ion 2017 0305 . Flo	autnorize orida Sta	eo by i atutes.	ine corpo	oralion's bu	pard of directors. Thereby acce		municine do	rogiotarou	
	III laining vali, and accept the boldan	/						54)	15/90	ຼ	Ì	
SIGNATURE	The party of								, , , , , , , , , , , , , , , , , , , 			
	Signature, typed or printed name of registered agent a	and title if applica	DIE. (NOTE	: Registere	ed Agent	t signature re	equired when r	reinstating)	DATE			
	Signetive, typed or printed name of registered agent a OFFICERS AND			: Registere		t signature re		reinstating) ADDITIONS/CHANGES TO OF	_/	ND DIREC		
12.	OFFICERS AND			13		t signature re			_/	ND DIREC		
12.	OFFICERS AND		RS	1.11),	t signature re			_/			
12. TITLE NAME	OFFICERS AND DP HENDERSON, JAMES D., II		RS	13 1.1 1 1.2 1	TITLE NAME				_/			
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP HENDERSON, JAMES D., II 8918 S.E. WATER OAK PL.		RS	13 1.1 1 1.2 1 1.3 5	I. TITLE NAME STREET	ADDRESS			_/			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP HENDERSON, JAMES D., II		RS DELETE	13 1.11 1.21 1.35 1.40	I. TITLE NAME STREET CITY-ST	ADDRESS			_/		ge 🗍 Addition	
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90212 008 ***150.00

CR2E034 (11/98)

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