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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V15985

1. Corporation Name

ABOVE AND BEYOND TRAVEL SERVICES, INC.



Principal Place of Business

5850 T. G. LEE BLVD.
SUITE 100
ORLANDO FL 32822
US

Mailing Address

5850 T. G. LEE BLVD.
SUITE 100
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1992

4. FEI Number

59-3111859

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

2. Principal Place of Business

21 7001 GRAND NATIONAL DR

2a. Mailing Address

26 7001 GRAND NATIONAL DR

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip Country

24 32819 25 US

Zip Country

29 32819 30 US

9. Name and Address of Current Registered Agent

BOROUGHES GRIMM & BENNETT PA
201 E PINE ST
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE
NAME JANNEY, DAVID A
STREET ADDRESS 1515 ENSENADA DR
CITY-ST-ZIP ORLANDO FL

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

407-351-2287

Daytime Phone #

CR2E034 (11/98)