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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90120 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V48583

1. Corporation Name

A NEW TRAVEL PARTNER, INC.

Principal Place of Business

569 N. SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

P.O. BOX 574025
ORLANDO FL 32857-4025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

4. FEI Number

59-3174084

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WIELAND, WILLIAM J
19 EAST CENTRAL BLVD.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name William E. Herrman
82 Street Address (P.O. Box Number is Not Acceptable) 409 Montgomery Rd
83 Suite 409
84 City Alt Spgs FL 85 Zip Code 32717

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, NICHOLAS B.
STREET ADDRESS 8270 BUCKSAW DRIVE
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

TITLE ST
NAME WILLIAMS, NICHOLAS B
STREET ADDRESS 8270 BUCKSAW DR
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

TITLE V
NAME WILLIAMS, ALEXANDER N E
STREET ADDRESS 8270 BUCKSAW DR
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, if empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ST. NICHOLAS B. WILLIAMS

Date

Daytime Phone #

4-20-99 (407) 277-1616

CR2E034 (1/98)