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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 25, 1999 8:00 am Secretary of State

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U-SAVE	TRAVEL, INC							
CONTRACTOR STATE	metali kali bili ili ili ili ili ali ani termetalpha palitati ili ili ili della sidi	المراه المناس كالمراهدة والمراهد المراهد المرا	:20 Jun 200 44.	man is although				
<u> </u>								
Principal, Place of Business Mailing Address					Ĭ			
1100 CLEVELAN	ND ST.	1100 CLEVELAND ST.						
SUITE 113 SUITE 113 CLEARWATER FL 34615 CLEARWATER FL 34615					DO NOT WRITE IN THIS SPACE			
OLEMBATER (E 94015					3. Date Incorporated or Qualifed			
					07/24/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-31425 <u>76</u>	l l	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional	
22	ر مدرج ريد علا جو خواشدهد	27			5. Contribute of Otalias Besides	Fee F	Required	
City & Stat	е .	City & State			6. Election Campaign Financing		🕽 мау Ве	
23		28			Trust Fund Contribution	Added	to Fees	
Zip 24 337	Country	Zip	Country	y	8. This corporation owes the current year i		-/	
24 33	<u>(35 [25]</u>	1-1	10		Personal Property Tax.	Yes		
	9. Name and Address of Curren	t Registered Agent	81	T N	10. Name and Address of New Registere	1 Agent		
WAR	D D CADITON		81	Name				
1	WARD, R. CARLTON 1253 PARK ST.			Street Ad	Idress (P.O. Box Number is Not Acceptable)			
, , , , , , , , , , , , , , , , , , , ,	IZOS PARK ST. CLEARWATER FL 34616					 		
CLL	ANNAIGH I C STOID		83	3				
		•	84	City	, p	85 · Zip	Code	
	· · · · · · · · · · · · · · · · · · ·				F	- 1 1-2	3755	
office or r	paictored agent or both in the State	of Florida. Such change was auf	norized hi	, the cornors	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as r	registered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	da Statute	s				
SIGNATURE	i source so	oss	,			<u>04199</u>		
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	13.	nt signature requ	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	ND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/OTIANSES TO OTT ISERES	☐ Change		
NAME	GOSS, CYNTHIA S		1.2 NAME		•		_	
STREET ADDRESS	1100 CLEVELAND STREET #11	ાર		ET ADDRESS			İ	
CITY-ST-ZIP	CLEARWATER FL		1.4 C/TY-5					
TITLE	VP VP	□ DELETE	2.1 TITLE	31-21		[] Change	Addition	
NAME	GOSS, RICHARD P		2.2 NAME				_	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	CLEARWATER FL	· -	2.4 CITY-	- 1				
TITLE	S	DELETE-	3.1 TITLE		and the second of the second o	Change	Addition	
NAME	GOSS, CYNTHIA S		3.2 NAME				ļ	
STREET ADDRESS	1100 CLEVELAND STREET, #1	13	4	T ADDRESS				
CITY-ST-ZIP	-CLEARWATER FL	* *	3.4. CITY-		•			
TITLE -	T	☐ DELETE	4.1 TITLE			☐ Change	e Addition	
NAME	GOSS, CYNTHIA S	•	4. 2 NAME	.			!	
STREET ADDRESS	ALL ALTERNATION AND CONTRACT HAVE			TADDRESS				
CITY-ST-ZIP	CLEARWATER FL	· - ,	4.4 CITY-	4				
TITLE	when Hitter is her till	☐ DELETE	5.1 TITLE			Change	e Addition	
NAME		_	5.2 NAME			,		
STREET ADORESS			5.3 STREE	ET ADDRESS	,			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

Change

☐ Addition