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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90061 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61263

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NAME

STREET ADDRESS

CITY-ST-ZIP

1. Corporation Name

PALM OAKS TRAVEL, INC.

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· · · · · · · · · · · · · · · · · · ·	ce of Business	Mailing Address		-		i iiri misii sibii bibii bibii	17 BIBLI BIBLI
8530 SW 103R		8530 SW 103RD ST RD					
OCALA FL 34481 OCALA FL 34481					DO NOT WRITE IN THIS SPACE		
US		US				IN THIS SPACE	
					3. Date Incorporated or Qualifed 08/31/1992	,	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 /	Applied For
21		26		•	59-3138112	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired		Required
City & Stat	tė	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	!	8. This corporation owes the current	t vear Intangible	
24	25		30		Personal Property Tax.	Yes	□No
∠ ⊷	9. Name and Address of Current		50 ,		10. Name and Address of New Reg		
	V - 1 1 C (1 C)		81	Name		, 	• :
FUE	NTES, GLORIA				•		-
PAL 860	2 S.W. STATE ROAD 200		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
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	NLA FL 34481	•	63	-	一 一 经工程的基础		
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the pun's board of directors. I hereby accept the	rpose of changing i	ts registered:
	registered agent, or both, in the State to am,familiar with, and accept the obligati				ars board or directors. Thereby accept in	не арролинени аз	registered
SIGNATURE	and the second s						
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager	nt signature required	when reinstating);	DATE	_
12.	OFFICERS AND	DIRECTORS	13.				
TITLE	D				ADDITIONS/CHANGES TO OFFIC		
NAME	; -	☐ DELETE	1.1 TTILE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
	FUENTES, GLORIA		1.1 TITLE 1.2 NAME				
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	AAAA AMA AFATTI ATREET BR		1.2 NAME				
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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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP