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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # V62249 ONG TRAVEL SERVICE, INC	<b>\</b>			
Principal Place 1823 ENGLEW ENGLEWOOD U\$	YOOD ROAD	Mailing Address 1823 ENGLEWOOD ROAD ENGLEWOOD FL 34223 US		DO NOT WRITE IN THIS	
				3. Date Incorporated or Qualified 09/08/1992	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Alc	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable  \$8.75 Additional
22	<i>x</i> , <b>0.0</b> .	27		5. Certificate of Status Desired	Fee Regulred
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	9. Name and Address of Current	29 30			Yes No
		Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	AMPION, JOSEPH L.				
	23 <b>E</b> nglewood Road Glewood Fl 34223		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
EW	GLEWOOD FL 34223		83		
					<u> </u>
			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	·	istered Agent aignature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12  Change Addition
TITLE	D Champion, Joseph L.	<del></del>	1.1 TITLE 1.2 NAME		Charge L1 Addition
NAME Street address	212 PARKVIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP		Change Addition
TITLE .	d Champion, Kathleen A.G.	<del>-</del>	2.1 TITLE 2.2 NAME		Cusufe Ci vocitori I.
STREET ADDRESS	212 PARKVIEW DR		23 STREET ADDRESS	•	
CITY-ST-ZIP	VENICE FL 34293	1	2. 4 CITY-ST-ZIP		
TITLE	1 - 1 - 1 - 4 - 1 - 1		3.1 TITLE		Change Addition
NAME		Į.	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		200000	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME			5.2 NAME		Oracido Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		0.00	6.1 TITLE		Change Addition
NAME		i	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

64 CITY-ST-ZIP

14. Thereby 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 nn an attachment with an address.

**FILED** 

May 01 1998 8:00am

Secretary of State