

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F22784 (5)

1. Corporation Name  
PROFESSIONAL TRAVEL, INC.



Principal Place of Business: 1529 S DALE MABRY HWY. TAMPA FL 33629-5808 US  
Mailing Address: 1529 S. DALE MABRY HWY TAMPA FL 33629-5808 US

3. Date Incorporated or Qualified: 03/11/1981  
3a. Date of Last Report: 01/19/1996  
4. FEI Number: 59-2070916  
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 has liability for intangible tax under s. 199.032, Florida Statutes: [x] Yes [ ] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
MUROFF, CAROL S.  
1529 S. DALE MABRY HWY  
PROFESSIONAL TRAVEL INC  
TAMPA FL 33629

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 12 rows for Officers and Directors. Row 1: Title P, Name MUROFF, CAROL S, Street Address 801 BAYSHORE, City-ST-ZIP TAMPA FL. Includes a DELETE checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I do 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.

SIGNATURE: Carol S. Muroff CAROL S. MUROFF, President 1-6-97  
813-254-0900 Daytime Phone #

CR2E034 (9/96)