

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

FILED

Jan 09 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 # G52308 (5)
1. Corporation Name
TRAVEL IS FUN TOURS OF ST. PETERSBURG, INC.



Principal Place of Business: 919 TYRONE BLVD N ST PETERSBURG FL 33710
Mailing Address: 919 TYRONE BLVD N ST PETERSBURG FL 33710-6332

3. Date Incorporated or Qualified: 08/02/1983
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2353316
Applied For: Not Applicable

Suite, Apt #, etc: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, PATRICK J.
919 TYRONE BLVD N
ST. PETERSBURG FL 33710

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes a 'DELETE' checkbox for each entry.

Table with 6 rows for Additions/Changes. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each entry.

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 included 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: Patrick J. Kennedy
Date: 1-3-97
Daytime Phone: 813 347 1600

CR2E034 (9/96)