

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043112 (0)

1. Corporation Name
PRESTIGE TRAVEL SERVICES II INC.



Principal Place of Business: **4100 W KENNEDY BLVD SUITE 100 TAMPA FL 33609**
Mailing Address: **4100 W KENNEDY BLVD SUITE 100 TAMPA FL 33609**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/14/1993		04/25/1995
4.	FBI Number	Applied For	
	59-3187610	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LASCALA, ANITA 4100 W KENNEDY BLVD SUITE 100 TAMPA FL 33609				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Anita LaScala* **Anita LaScala, President** 4/8/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LASCALA, ANITA		2. NAME				
STREET ADDRESS	5814 SCHOONER WAY		13. STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		14. CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LASCALA, RON		22. NAME				
STREET ADDRESS	5814 SCHOONER WAY		23. STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		24. CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LASCALA, KIMBERLY D		32. NAME				
STREET ADDRESS	145 KINGS HWY #104		33. STREET ADDRESS				
CITY-ST-ZIP	DOVER DE		34. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY-ST-ZIP			44. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY-ST-ZIP			54. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY-ST-ZIP			64. CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anita LaScala* **Anita LaScala** 4/8/96 813-289-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)