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FILED

**Apr 04 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 # P96000089935 (6)

1. Corporation Name
PLANET TOUR, INC.



Principal Place of Business

**6201 DARTMOOR COURT
ORLANDO FL 32819-4833**

Mailing Address

**6201 DARTMOOR COURT
ORLANDO FL 32819-4833**

3. Date Incorporated or Qualified **10/31/1996** 3a. Date of Last Report

2. Principal Place of Business

21 **3393 W. VINCE ST.**

2a. Mailing Address

26 **3393 W. VINCE ST**

4. FEI Number **59-3115471** Applied For Not Applicable

22 Suite, Apt. #, etc. **302**

27 Suite, Apt. #, etc. **302**

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

23 City & State **KISSIMMEE, FL**

28 City & State **KISSIMMEE, FL**

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

24 Zip **34741** 25 Country **USA**

29 Zip **34741** 30 Country **USA**

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

9. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ
5728 MAJOR BLVD
SUITE 211
ORLANDO FL 32819**

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 _____

12. OFFICERS AND DIRECTORS DELETE

TITLE	P	<input type="checkbox"/> DELETE
NAME	HACKRADT, TANIA	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY - ST - ZIP	ORLANDO FL 32819-4833	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	RUBINIDT, CARLOS ALBERTO	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY - ST - ZIP	ORLANDO FL 32819-4833	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SGAMBATTI, SIDNEY POMPEO
2.3 STREET ADDRESS	6201 DARTMOOR COURT
2.4 CITY - ST - ZIP	ORLANDO, FL 32819-4833
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: _____ DATE: **01/20/97** DAYTIME PHONE: **(407) 876-3847**

CR2E034 (9/96)