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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra G. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000097022 (3)

1. Corporation Name  
EXTRA VALUE TRAVEL, INC.



Principal Place of Business: 1104 N COLLIER BLVD MARCO ISLAND FL 34145  
Mailing Address: 1104 N COLLIER BLVD MARCO ISLAND FL 34145-2547

3. Date Incorporated or Qualified: 12/02/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0720410  
Applied For: [Blank] / Not Applicable  
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: [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent  
GREUSEL, JAMIE B  
C/O BERRY & GREUSEL  
1104 N COLLIER BLVD  
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent  
81 Name: DUFALT, DANIEL J.  
82 Street Address (P.O. Box Number is Not Acceptable): 847 N. COLLIER BLVD.  
83 [Blank]  
84 City: MARCO ISLAND FL 85 Zip Code: 34145

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: 4/22/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREUSEL, JAMIE B	
STREET ADDRESS	1104 N COLLIER BLVD	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dufault, Daniel J.	
1.3 STREET ADDRESS	847 N. Collier Blvd.,	
1.4 CITY - ST - ZIP	Marco Island, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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: [Signature] DATE: 8/24/97 DAY/TIME PHONE: 941-394-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DANIEL J. DUFALT PRES.

CR2E034 (9/96)