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

PROFIT CORPORATION ANNUAL REPORT

1996



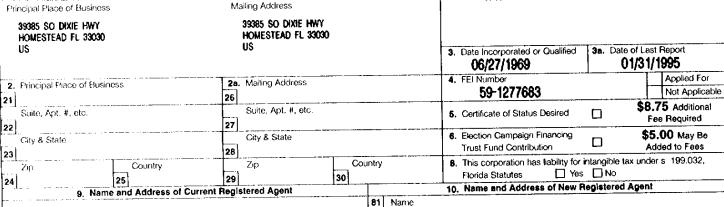
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	348657	(8
YOUNG'S TRAVEL	INC	



ADAIR, PERRY 432 WASHINGTON AVENUE HOMESTEAD FL 33030

	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Accepted	able)				
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.

ignature si	gnature, typed or printed name of registered agent and tille if application.	NOTE: Registered Agent signature miquired	when reinstating! DATE
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LF	D DELETE	1. 1 TITLE	Change Addition
AE I	PORTER, LA VOYCE	1.2 NAME	
ELL ADDRESS	18604 S.W. 294 TERRACE	13 STHEET ADDRESS	
r-S1-ZiP	HOMESTEAD FL	1.4 CITY-ST-ZIP	D.A. D. Helio
F	TVPD DELETE	2 1 TITLE	Change Additio
Ai:	PORTER, LANIER	2 2 NAME	
REET ADDRESS	18604 S.W. 294 TERRACE	2 3 STREET ADDRESS	
Y - S1 - ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
LE	DELETE	3 1 TITLE	Change Additio
ZE		3.2 NAME	
HEEL ADDRESS		3.3. STREET ADDRESS	
Y-\$1 ZIP		3.4 CITY-ST-ZIP	
LF	DELETE	4.1 TITLE	Change Addition
w:		4.2 NAME	
HET LADDRESS		4 3 STREET ADDRESS	
ry - S1 - ZIP		4.4 CITY - ST - ZIP	
LE	☐ D£LETE	5. 1 TITLE	☐ Change ☐ Addition
ME I		5 2 NAME	
HELF ADDRESS		5.3 STREET ADDRESS	
IY-SI ZIF		5.4 CITY - ST - ZIP	
if	DELETE	6 1 TITLE	☐ Change ☐ Additi
ME		62 NAME	
REFT ADDRESS		6.3 STREET ADDRESS	
		6 4 CUTY - ST - ZIF	
4. I do hereb certify that	y certify that the information supplied with this filing is voluntarily the information indicated on this applied report or supplemental it am an officer or director of the conforation or the representation of the repres	istee grippowered to execute th	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthe ale and that my signature shall have the same legal effect as if made und is report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR