


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

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Apr 30 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 # 437991 (3) 1. Corporation Name CIRCLE THE WORLD TRAVEL, INC.			
Principal Place of Business 145 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441-3535		Mailing Address 145 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441-3535	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 10/12/1973		3a. Date of Last Report 05/14/1996	
4. FEI Number 59-1493025		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <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 LAMBORGHINI, ELIZABETH 1280 NW 48TH CT. POMPANO BEACH FL 33064		10. Name and Address of New Registered Agent 81 Name LAMBORGHINI, KAREN 82 Street Address (P.O. Box Number is Not Acceptable) 1280 NW 48TH CT 83 84 City POMPANO BEACH FL 85 Zip Code 33064	
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 <i>Karen Lamborghini</i> DATE 4-25-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME LAMBORGHINI, PETER J STREET ADDRESS 1280NW 48 CT. CITY- ST- ZIP POMPANO BEACH FL	1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME LAMBORGHINI, PETER J. SR 1.3 STREET ADDRESS 1280 NW 48 CT 1.4 CITY- ST- ZIP POMPANO BEACH FL 33064	2.1 TITLE 5/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME LAMBORGHINI, KAREN 2.3 STREET ADDRESS 1280 NW 48TH CT 2.4 CITY- ST- ZIP POMPANO BEACH, FL 33064	
TITLE D <input checked="" type="checkbox"/> DELETE NAME LAMBORGHINI, ELIZABETH STREET ADDRESS 1280 NW 48TH CT. CITY- ST- ZIP POMPANO BEACH FL	3.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME LAMBORGHINI, DINA 3.3 STREET ADDRESS 1705 NW 80 AVE #26D 3.4 CITY- ST- ZIP MARGATE FL 33063	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE V <input checked="" type="checkbox"/> DELETE NAME LAMBORGHINI, PETER JR STREET ADDRESS 9017 N.W. 38TH DR. CITY- ST- ZIP CORAL SPGS. FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE ST <input checked="" type="checkbox"/> DELETE NAME LAMBORGHINI, KAREN STREET ADDRESS 9017 N.W. 38TH DR. CITY- ST- ZIP CORAL SPGS. FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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			
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: <i>Peter J. Lamborghini, Sr.</i> DATE 4/25/97 DAYTIME PHONE # 954-427 2040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)