

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

FILED  
Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **579273** (4)

1. Corporation Name  
**PALM BEACH GARDENS TRAVEL SOUTH, INC.**



Principal Place of Business <b>3085 S. MILITARY TRAIL LAKE WORTH FL 33463</b>	Mailing Address <b>3085 S. MILITARY TRAIL LAKE WORTH FL 33463-2108</b>
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3. Date Incorporated or Qualified <b>07/17/1978</b>	3a. Date of Last Report <b>02/05/1996</b>
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	28 Zip
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24 Country	29 Country
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4. FEI Number <b>59-1832745</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MARINELLI, JOHN P  
1815 FORUM PL. STE 3-B  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>TIPPETT, MARIE L.</b>	
STREET ADDRESS	<b>3085 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TIPPETT, CHARLES B</b>	
STREET ADDRESS	<b>3085 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LINLEY, ANNA</b>	
STREET ADDRESS	<b>3085 SO MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAN, JAMES A</b>	
STREET ADDRESS	<b>3085 SO MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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: *Anna Linley* (Anna Linley) 12/1/96 12/1/96 12/1/96

CR2E034 (9/96)