

DOCUMENT # 623257  
1. Entity Name  
FORWARD TRAVEL OF JACKSONVILLE, INC.

09-11-2000 90011 025 \*\*\*550.00

Principal Place of Business	Mailing Address
7411 BISCAYNE BLVD. MIAMI FL 33138	7411 BISCAYNE BLVD. MIAMI FL 33138

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2360324	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

PATEL, MAHESHKUMAR J  
7420-22 BISCAYE BLVD  
MIAMI FL 33138

<b>7. Name and Address of New Registered Agent</b>	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	
<b>FL</b>	Zip Code _____

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing  <u>Trust Fund Contribution.</u> <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees</p>
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[illegible]

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <del>NAME</del> STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MANUEL D. PATOL Date 9/5/00 Daytime Phone # 305 784 6657

CR2E034 (5/00)