

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

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **648877** (9)  
1. Corporation Name  
**CBC TRAVEL, INC.**



Principal Place of Business <b>2901 W. OAKLAND PARK BLVD. STE. B-12 FT LAUDERDALE FL 33311 US</b>	Mailing Address <b>2901 W. OAKLAND PARK BLVD STE. B-12 FT LAUDERDALE FL 33311 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/18/1979</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>59-1959757</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

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

**10. Name and Address of New Registered Agent**

**MOODY & JONES, P.A. (ATTORNEYS)**  
**1333 S. UNIVERSITY DR.**  
**SUITE 201**  
**PLANTATION FL 33324**

<b>81</b>	Name	<b>Daniel A. Ward</b>
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	<b>4160 NW 113th Ave</b>
<b>83</b>		
<b>84</b>	City	<b>Coral Springs</b>
<b>85</b>	Zip Code	<b>FL 33065</b>

**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]* **Daniel A. Ward** **1/15/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SEITNER-MOODY, DEBORAH</del>	1.2 NAME	
STREET ADDRESS	<del>3501 S.W. 118 AVE.</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>DAVIE FL</del>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, LORI	2.2 NAME	
STREET ADDRESS	3781 NW 24TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PETER	3.2 NAME	
STREET ADDRESS	4634 GILHAMS RD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	3.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, E. J.	4.2 NAME	
STREET ADDRESS	15780 SUNWARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, CAROLYN	5.2 NAME	
STREET ADDRESS	15780 SUNWARD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. 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 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]* **Carolyn E. Hamilton** **1/14/98** **954-484-7800** **X21**

CR2E034 (10/97)