

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 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 # 666434 (6)
1. Corporation Name
ADVENTURES IN TRAVEL OF TALLAHASSEE, INC.

Principal Place of Business
3380 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3710

Mailing Address
3380 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1980		07/23/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2003920		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, M. LANCE 302 3RD STREET SUITE 1 NEPTUNE BEACH FL 32233				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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.

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, LANCE			1.2 NAME			
STREET ADDRESS	302 3RD STREET, STE. 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCESCHI, LEE ANN			2.2 NAME			
STREET ADDRESS	2909 IVANHOE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEN, J VELMA II			3.2 NAME			
STREET ADDRESS	504 SWEETWATER CLUB CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WACKSMAN, CATHY			4.2 NAME			
STREET ADDRESS	2844 STONEGATE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WACKSMAN, JAMES F.			5.2 NAME			
STREET ADDRESS	2844 STONEGATE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEN, SHARON			6.2 NAME			
STREET ADDRESS	504 SWEETWATER CLUB CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			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: *James W. Wacksmann* 8/26/97 2:55 3705 (850)

CR2E034 (4/97)