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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 694773

(3)

FTA TRAVEL OF FLORIDA, INC.

Principal Place of Business Mailing Address 106 PINEVIEW ROAD 106 PINEVIEW ROAD JUPITER FL 33469-3114 JUPITER FL 33469-3114 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1996 07/15/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2118368 Not Applicable 26 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes
No Country Country Zip 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LYNCH, RICHARD F **106 PINEVIEW ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33469 83 City 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, typical or printed name of registered agost and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSD Change Addition DELETE 1.1 TITLE TITLE LYNCH, RICHARD F. 1.2 NAME NAME **106 PINEVIEW ROAD** 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 CITY - ST - ZIP CiTY-ST-ZIP Addition Change □ DELETE 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CHY-ST-ZIP Change Addition ___ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition

6.4 CITY-ST-ZIP 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

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

THLE

NAME

THEF

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

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1-27-97 561 746 9506

FILED

Feb 04 1997 8:00am

Secretary of State

Change

Change

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