

2-2-95-0-808-NC
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SEP 22 PM 3:15

DOCUMENT # **F05237** (5)
 1. Corporation Name
BEST WAY TRAVEL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
300 NORTH BERMUDA **300 NORTH BERMUDA**
C/O PEGGY SUE LUZADDER **C/O PEGGY SUE LUZADDER**
KISSIMMEE FL 34741-4902 **KISSIMMEE FL 34741-4902**

3. Date Incorporated or Qualified **11/12/1980** 3a. Date of Last Report **07/06/1994**
 4. FEI Number **59-2032976** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
LUZADDER, LYNN ANN
300 NORTH BERMUDA
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LUZADDER, PEGGY SUE
STREET ADDRESS	300 NO. BERMUDA
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D
NAME	LUZADDER, RICHARD L.
STREET ADDRESS	300 NO. BERMUDA
CITY-ST-ZIP	KISSIMMEE FL
TITLE	DS
NAME	LUZADDER, LYNN ANN
STREET ADDRESS	300 NO. BERMUDA
CITY-ST-ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Lynn Ann Luzadder 1/30/95 (407)847-8878
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR