SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F93000003064 (3)

1. Corporation Name

WORLD TRAVEL PARTNERS GROUP, INC.

Principal Place of Business	Mailing Address
1055 LENOX PARK BLVD., #420 ATLANTA GA 30319	1055 LENOX PARK BLVD., #420 ATLANTA GA 30319

3. Date Incorporated or Qualified: 07/02/1993

3a. Date of Last Report: 04/28/1995

4. FEI Number: 58-1758333 ☐ 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	26
22 Suite, Apt #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ALEXANDER, JOHN C	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	V	☐ DELETE
NAME	LEARST, BRIAN J	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	VS	☐ DELETE
NAME	SEVERT, TIMOTHY J	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	CD	☐ DELETE
NAME	VAN VLISSINGEN, JOHN F	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	D	☐ DELETE
NAME	VAN VLISSINGEN, MARINE	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	D	☐ DELETE
NAME	SWYKA, NICHOLAS	
STREET ADDRESS	1055 LENOX PARK BLVD., #420	
CITY-ST-ZIP	ATLANTA GA 30319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ____________ 6/18/96 404-841-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TIMOTHY J. SEVERT