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.)

APPROVED AND FILED

pg. 1 of 2

97 SEP 15 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F95000005891 (5)

1. Corporation Name
~~BLUE BORDER, INC.~~ McCRACKEN CORPORATION dba GLOBAL TRAVEL

Principal Place of Business	Mailing Address
~~912 DAVIDSON DR~~ ~~ROSWELL NM 88201~~	~~912 DAVIDSON DR~~ ~~ROSWELL NM 88201~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1995	3a. Date of Last Report: 07/10/1996
4. FEI Number: 85-0422901	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1680 AIRPORT BLVD Ste 900	26 1680 AIRPORT BLVD Ste 900
Suite, Apt. #, etc. 22 PENSACOLA,	Suite, Apt. #, etc. 27 PENSACOLA
City & State 23 FLORIDA	City & State 28 FLORIDA
Zip 24 32504 Country 25 USA	Zip 29 32504 Country 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

000418797--01103--006
****165.00 ****165.00

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCRACKEN, RICHALAN		1.2 NAME	
STREET ADDRESS	912 DAVIDSON DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL NM 88201		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCRACKEN, GARY W		2.2 NAME	
STREET ADDRESS	912 DAVIDSON DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL NM 88201		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MCCRACKEN, GARY W		3.2 NAME	
STREET ADDRESS	2705 MESA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON NM 88201		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	TURNER, ANNETTE		4.2 NAME	TURNER, ANNETTE G.
STREET ADDRESS	343 DEERPOINT DR		4.3 STREET ADDRESS	1600 EAST 34th ST.
CITY-ST-ZIP	GULF BREEZE FL 32561		4.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	V	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EASTHAM, PAULA		5.2 NAME	A. Agan
STREET ADDRESS	931 SPRING CREEK CIR		5.3 STREET ADDRESS	9/15/97
CITY-ST-ZIP	PENSACOLA FL 32514		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	TURNER, PAUL		6.2 NAME	TURNER, PAUL J.
STREET ADDRESS			6.3 STREET ADDRESS	1600 EAST 34th ST.
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PENSACOLA, FL 32503

CR2E034 (4/97)

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: [illegible] 9-4-97 850-436-8333

GLOBAL
TRAVEL

9-11-97

Fla Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Please be advised that the name and address were in error, Consequently, I did not receive the first notice. The second notice was recently forwarded, I called CT Corporation and also spoke with someone in the Division of Corporation who advised me to send original filing, fee & to request a waiver of Penalty fees as this was unavoidable due to the lack of receipt of the first notice.

GLOBAL
TRAVEL

Paula Eatham has not been with the company since October 1996, but was responsible for the original filing & data.

I am in the process of correcting this with CT Corp — my registered agent so as not to have this problem in the future.

Please note the changes of address for McCracken Corporation d.b.a. Global Travel, deletion of Ms Eatham & addition of Paul T. Turner, as well as the change in our home address.

Thankyou for your kind consideration in this matter.

Sincerely,

Annette D Turner

1680 AIRPORT BOULEVARD • SUITE 900 • PENSACOLA, FLORIDA 32504 • (904) 484-8333 • 1-800-277-7791