

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 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001611 (0)
1. Corporation Name
LAKER TRAVEL INC.

Principal Place of Business 6261 NW 6TH WAY #201 FT LAUDERDALE FL 33309	Mailing Address 6261 NW 6TH WAY #201 FT LAUDERDALE FL 33309
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
4. FEI Number 65-0642018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> No	

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
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	DC <input type="checkbox"/> DELETE
NAME	WYATT, OSCAR S JR
STREET ADDRESS	1620 RIVER OAKS BLVD
CITY-ST-ZIP	HOUSTON TX 77019
TITLE	D <input type="checkbox"/> DELETE
NAME	FREITSCH, HERMAN MICHAEL
STREET ADDRESS	3002 QUENBY
CITY-ST-ZIP	HOUSTON TX 77005
TITLE	D <input type="checkbox"/> DELETE
NAME	LAKER, SIR FREDDIE
STREET ADDRESS	194 PALM KEY RD, ROYAL PALM YACHT CLUB
CITY-ST-ZIP	BOCA RATON FL 33432-7924
TITLE	P <input type="checkbox"/> DELETE
NAME	IVERSEN, ROBERT S
STREET ADDRESS	31 S COMPASS DR
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	S <input type="checkbox"/> DELETE
NAME	BECKMAN, ROBERT M
STREET ADDRESS	1150 CONNECTICUT AVE NW, 9TH FLR
CITY-ST-ZIP	WASHINGTON DC 20036-4192
TITLE	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James B. Kenney
4.3 STREET ADDRESS	6261 N.W. 6th Way #201
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
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 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 _____

CR2E034 (4/97)