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FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003781 (9)

1. Corporation Name

GET TRAVEL CORPORATION



Principal Place of Business

675 YGNACIO VALLEY RD #A-100
WALNUT CREEK CA 94596

Mailing Address

675 YGNACIO VALLEY RD #A-100
WALNUT CREEK CA 94596-3834

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

74-2377103

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

9. Name and Address of Current Registered Agent

FERGUSON, MIKE
170 SIR TOPAZ LN N
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City
Plantation FL 85 33324

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, word or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HUNTER, RIPLEY H III	
STREET ADDRESS	675 YGNACIO VALLEY RD #A-100	
CITY - ST - ZIP	WALNUT CREEK CA 94596	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	HUNTER, M DAVID	
STREET ADDRESS	3515 HIGHLAND VIEW DR	
CITY - ST - ZIP	AUSTIN TX 78731	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, RICHARD S	
STREET ADDRESS	675 YGNACIO VALLEY RD #A-100	
CITY - ST - ZIP	WALNUT CREEK CA 94596	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATEMAN, RICHARD N	
STREET ADDRESS	2900, 240 4TH AVE SW	
CITY - ST - ZIP	CALGARY, ALBERTA, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADAGLIACCA, MARK	
STREET ADDRESS	5555 MELROSE AVE	
CITY - ST - ZIP	HOLLYWOOD CA 90038	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCQUEEN, GEOFFREY	
STREET ADDRESS	675 YGNACIO VALLEY RD #A-100	
CITY - ST - ZIP	WALNUT CREEK CA 94596	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DTV
2.3 STREET ADDRESS	675 Ygnacio Valley Rd #A-100
2.4 CITY - ST - ZIP	Walnut Creek, CA 94596
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEOFFREY MCQUEEN 2/27/97 (510) 944-5844

CR2E034 (9/96)