

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 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 # **G65573** (9)
1. Corporation Name
UNIGLOBE TLC TRAVEL, INC.



Principal Place of Business 913 SOUTH PARSONS, STE. B BRANDON FL 33511	Mailing Address 913 SOUTH PARSONS, STE. B BRANDON FL 33511-6063
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3. Date Incorporated or Qualified 10/19/1983	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2331809	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
**HAAS, LELAND E.
2502 COLLEGE HILL DR.
BRANDON FL 33511**

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	PD <input type="checkbox"/> DELETE
NAME	HAAS, NANCY A.
STREET ADDRESS	2502 COLLEGE HILL DR
CITY - ST - ZIP	BRANDON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HAAS, LELAND E.
STREET ADDRESS	2502 COLLEGE HILL DR
CITY - ST - ZIP	BRANDON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	JOHNSTON, DEBRA L.
STREET ADDRESS	6039 VALLEY SPRING DR.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSTON, WILLIAM C. III
STREET ADDRESS	6039 VALLEY SPRING DR.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAAS, SCOTT K.
STREET ADDRESS	5304 SR 579
CITY - ST - ZIP	SEFFNER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAAS, TIMOTHY L.
STREET ADDRESS	626 PENN NATIONAL RD
CITY - ST - ZIP	SEFFNER FL

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 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: Nancy A. Haas APR 23, 1997 (813) 685-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)