FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G88552** (6)

1. Corporation Name

ODYSSEY TRAVEL AGENCY OF ORLANDO, INC.

Principal Place of Business

334 E. MICHIGAN
ORLANDO FL 32806

Mailing Address

334 E. MICHIGAN
ORLANDO FL 32806

3. Date Incorporated or Qualified: **03/02/1984**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **59-2376736** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business | 2a. Mailing Address

21 | 26
22 | 27
23 | 28
24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

WHITE, ROBERT B, JR.
225 EAST ROBINSON STREET, SUITE 620
ORLANDO FL 32801

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, New Registered Agent | Date

12. OFFICERS AND DIRECTORS

Title	Name / Address	
DP	MELTZ, ARTHUR 187 LAGO VISTA CASSELBERRY FL	[ ] Delete
DST	MELTZ, PHYLLIS SCHWADRON 187 LAGO VISTA CASSELBERRY FL	[ ] Delete
DV	CLAYMAN, ALLAN 4460 TIDEWATER DRIVE ORLANDO FL	[ ] Delete
DV	CLAYMAN, JANE 4460 TIDEWATER DRIVE ORLANDO FL	[ ] Delete
		[ ] Delete
		[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Phyllis Meltz VICE-PRES 1/17/96 (407) 841-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone