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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H10555

(1)

MARY GO ROUND TRAVEL, INC.

					į l	(CAMA HALL Barrayan	
Principal Place of Business Mailing Address				~ 		T HERBON BLIDT STEPL DEIDE SKIEL BYROL BLIGT STEPL STEPL BLIDT BYRUF EINST BLIDT FRAN				
27961 S DIXTI NARANJA FL		27861 S DIXIE HIGHWAY NARANJA FL 33032-8129								
		,			3. 0	ate Incorporated or Qualified	3a. Date	of Last Re	eport	
					1 '	7/02/1984		3/1996		
2, Principal Place of Business 2a. Mailing Add						El Number	1 0115		plied For	
21		25	26			59-2424749	h			
Stitle, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 A		
City & Sta	ito	City & Stato	***************************************		6. E	lection Campaign Financing	······································	\$5.00	May Be	
23		28			T	rust Fund Contribution		Added t		
Z)p	Country 25	Zip 29	30 Co.	untry		his corporation has liability for lorida Statutes	intangible ta		199.032,	
	9. Name and Address of Cur	·······	10. Name and Address of New Registered Agent							
GA	ITHERCOAL, MARY H.			61 Name	ı					
16241 S.W. 274TH ST.				82 Street	Address (P.C). Box Number is Not Accepta	ble)			
HOMESTEAD FL 33031										
				83						
				84 City	,		FL	65 Zip (Code	
office or	it to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change was a	authoriza	d by the cor	d corporation in rporation's board	submits this statement for the and of directors. I hereby access	purpose of co pt the appoi	hanging it ntment as	s registered registered	
SIGNATURE										
	Signature, typed or panied name of rogistere.			id Agent signatur	e required when re		DATE OFFIC AND I	NOFOTOR	O 01 40	
12.	PST OFFICERS I	AND DIRECTORS DELETE	13.		TAL	DDITIONS/CHANGES TO OFF		Change	Addition	
TITLE	GATHERCOAL, MARY H.	C) pecui	1.1 7		1		L.	Ti oueufic	Addition	
NAME Remark Absorber				TREET ADDRESS	}					
STREET ADDRESS	HOMESTEAD FL			ITY-ST-ZIP						
CHY-ST 7/2	D D	DELETE	2.1 7		 	······································		Change	Addition	
NAME	GATHERCOAL, MARY H.	_ Desicte	2.1 N				•			
STREET ACORESS	44444 6 141 69499 1 69		4	TREET ADDRESS		1				
	HOMESTEAD FL		1	DITY-ST-ZIP	1					
CITY - ST - ZIP TITLE	HOMESTEAD I L	DELETE	3.17		 		Τ	Change	Addition	
NAME				IAME	1		_	_ •		
STREET ADDRESS	3		4	Treet address	1					
CITY - ST - ZIF	1			CITY-ST-ZIP						
U11 1 (\$1.121)	1		3.4. 0	5111 - 41 - E11	1					

C/TY- \$1-7/P 14. Ido 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 attack ingent with an address.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5 1 TITLE

5.2 NAME

6.1 THILE

6.2 NAME 63 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

SUBERT ADDRESS

STREET ADDRESS

CiTy - St - ZiP

CETY - \$1 - ZoP

TITLE

HILF

NAME

TITLE

DELETE

DELETE

DELETE

Change

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Addition

Addition

FILED

Apr 24 1997 8:00am

Secretary of State