


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

FILED

Jan 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
<b>DOCUMENT # H56394 (0)</b> 1. Corporation Name <b>CENTRAL FLORIDA ACADEMY OF TRAVEL, INC.</b>																																																																																																																																									
Principal Place of Business <b>845 NORTH GARLAND AVE SUITE 100 ORLANDO FL 32801 US</b>			Mailing Address <b>845 NORTH GARLAND AVENUE SUITE 100 ORLANDO FL 32801-1095 US</b>																																																																																																																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>05/10/1985</b> 4. FEI Number <b>59-2541813</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																					
9. Name and Address of Current Registered Agent <b>ROBINSON, ALAN B. 209 EAST RIDGEWOOD ST. POST OFFICE BOX 1544 ORLANDO FL 32802</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																									
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CR2E034 (9/96)

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:** *James R. Hartie* **JAMES R. HARTIE** 12-31-96 407-648-4445  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #