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 # **H61268**

(9)

FILED Mar 12 1997 8:00am Secretary of State

AROUND THE EARTH TRAVEL, INC. Principal Place of Business Mailing Address P.O.BOX 997 P.O								
					3. Date Incorporated or Qualifie		te of Last	Report
		1.4-36.2		,	06/11/1985	U2/4	26/1996	
L	Place of Business S. BROAD ST.	2a. Mailing Address			4. FEI Number			Applied For
21 9 19 Suite, Apt		Suite, Apt. #, etc.			59-2546466			lot Applicable
	#, e.c				5. Certificate of Status Desired			Additional Required
22 City & Sta	te	City & State			& Floation Compaign Financian	<u> </u>		. 1-
	KSYLE FL.	28			6. Election Campaign Financing Trust Fund Contribution	' n		May Be to Fees
Zip	Country	Z-p	Country		8. This corporation has liability t			
24 346		29	30		Florida Statutes	Yes [6. 199.032,
	9. Name and Address of Curre		1301		10. Name and Address of New		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
242	SSER, DAVID C.		81 1	Name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	S BROOKSVILLE AVE			Diana Adda	(D.O. D N	1-1-1-1		
	OOKSVILLE FL 34605-7997		82 5	Street Addr	ress (P.O. Box Number is Not Accep	(abie)		
Di IV	SONOVICEE TE GROOG 7657		83				******	
			84 (City		FL	85 Zij	Code
SIGNATURE	Signar or typed or providinal eletropolered a OFFICERS A	gent and life it applicable (NOT ND DIRECTORS	E. Registered Agent s	signature requir	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	PRS IN 12
TILLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	SIEGEL, DORIS R.		1.2 NAME	- [
STREET ADDRESS	26460 CROFT LANE		1.3 STREET AD	DRESS				
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY - ST - 2	ZIP	·			
TITLE	DST	DELETE	2.1 TITLE				Change	Addition
NAM (PRICE, PAULINE W.		22 NAME			•		
STREET ADDRESS	26460 CROFT LANE		2.3 STREET AD	ORESS				
City - ST - ZIP	BROOKSVILLE FL		2. 4 CITY-ST-	ZIP				
TILE		DELETE	3.1 TITLE	[☐ Change	Addition
NAME			3.2 NAME	ļ				
STREET ADDRESS			3 3 STREET AD	ORESS				
CITY ST-715			34. CITY-ST	ZIP				
THE		☐ DELET€	4 1 TITLE	1			Change	Addition
NAME			4. 2 NAME					
STEEL ADDRESS			4.3 STREET AD	DRESS	e a sylvaniana			
CITY-ST-7IP			4.4 CITY - \$1 - 7	ZIP				
TI'LE		☐ DELETE	5.1 TITLE	-			Change	Addition
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET AD	- 1				
CITY - ST - ZIP			5.4 CITY-ST-2	ZIP			T	
TIPLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	- 1				
STREET ADDRESS			63 STREET AD	dress				
CITY-ST-Zif:			64 CITY - ST-Z	71P				

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:

QUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 352-7%-P