

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

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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H62837 (0)

1. Corporation Name
ATLANTIS TRAVEL, INC.

Principal Place of Business

% L. E. TAYLOR
923 B WEST DIXIE AVE.
LEESBURG FL 34748

Mailing Address

% L. E. TAYLOR
923 B WEST DIXIE AVE.
LEESBURG FL 34748-8380

3. Date Incorporated or Qualified 06/19/1985 3a. Date of Last Report 04/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2540189		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TAYLOR, L. E.
1029 W. MAGNOLIA ST.
LEESBURG FL 34748

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATRO, LEE D.	1.2 NAME	
STREET ADDRESS	ROUTE 6, BOX 1125	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATRO, KATHY B.	2.2 NAME	
STREET ADDRESS	ROUTE 6, BOX 1125	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, CYNTHIA S.	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 64	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, MARTIN L.	4.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 64	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 352/326-9433
Date Daytime Phone #

CR2E034 (9/96)