

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 JUL 29 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H68792** (1)
1. Corporation Name
ESQUIRE TRAVEL, INC.



Principal Place of Business 119 SE 2 AVE MIAMI FL 33131 US	Mailing Address 119 SE 2 AVE MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1985	3a. Date of Last Report 04/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2560227		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent DRIEST, EDITH 830 SW 23 RD MIAMI FL 33131				10. Name and Address of New Registered Agent	

81 Name TALBURT BETTY	
82 Street Address (P.O. Box Number Is Not Acceptable) 1795 FAIRHAVEN PL	
83	
84 City MIAMI	85 Zip Code FL 33133

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.

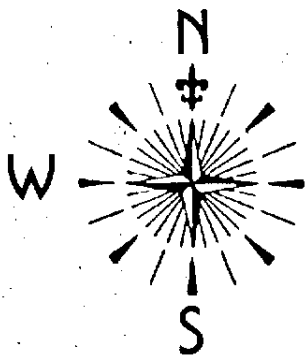
SIGNATURE *Betty Talburt - Pres.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TALBURT, BETTY	1.1 TITLE	1.2 NAME
STREET ADDRESS 119 SE 2ND AVE.	CITY-ST-ZIP MIAMI FL 33133	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE STD	NAME DRIEST, EDITH	2.1 TITLE	2.2 NAME
STREET ADDRESS 830 SW 23RD ROAD	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VD	NAME DRIEST, RONALD	3.1 TITLE	3.2 NAME
STREET ADDRESS 13704 SECOND AVE E	CITY-ST-ZIP BRADENTON FL 34202	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 *Betty Talburt* 305-308-1000

CR2E034 (4/97)



ESQUIRE TRAVEL AGENCY

July 23, 1997

Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Attention: Annual Report Section

Enclosed you will find a copy of the original corporation annual report that I mailed January 3, 1997. Apparently this and the check I enclosed was never received.

Also enclosed is the one I received as a second notice. This has been filled out so that you have an original signature. Another check is also enclosed in the sum of \$165.00. As I am not stopping payment on the original check, please return to me if it shows up.

Very truly yours,

Betty Talburt
encs.

