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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J33068 (4)
1. Corporation Name
ALL WORLD TRAVEL AGENCY OF COCOA BEACH, INC.



Principal Place of Business Mailing Address
% HOWARD MCCABE
1325 NORTH ATLANTIC AVE
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1986	
21		26		4. FEI Number 59-2733959	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCABE, HOWARD
1325 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DP	11 TITLE	
NAME	MCCABE, HOWARD	12 NAME	
STREET ADDRESS	1325 N. ATLANTIC AVE	13 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	MCCABE, NANCY S.	22 NAME	
STREET ADDRESS	1325 N. ATLANTIC AVE	23 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	DV
NAME		32 NAME	KAREN WOJNOWSKI
STREET ADDRESS		33 STREET ADDRESS	3470 HOLLY SPRINGS ROAD
CITY-ST-ZIP		34 CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE		41 TITLE	DS
NAME		42 NAME	DONALD WOJNOWSKI
STREET ADDRESS		43 STREET ADDRESS	3470 HOLLY SPRINGS ROAD
CITY-ST-ZIP		44 CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: Howard M. McCabe

4/10/98

1107-783-8507

CR2E034 (10/97)