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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	TIME TRAVEL, INC.	Mailing Address			
% EDWARD RUSSELL JOHNSTON 531 N CITRUS AVE CRYSTAL RIVER FL 34428		% EDWARD RUSSELL JOH 531 N CITRUS AVE CRYSTAL RIVER FL 34428-			
US		US		3. Date Incorporated or Qualified 03/09/1988	3a. Date of Last Report 04/03/1996
2. Principal Pa 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2888947	Applied For Not Applicable
Suite, Apt	#, etc.	Suito, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _(p)	Country 25	Zip	Country 30	8. This corporation has liability for	
II	g. Name and Address of Curre			10. Name and Address of New F	
JOH	NSTON, EDWARD RUSSELL		81 Name		
531 N CITRUS AVE CRYSTAL RIVER FL 34428			82 Street Add	ress (P.O. Box Number is Not Accept	able)
Oiti	OTAL INVENTE OFFICE		83		
			84 City		85 Zip Code
			O4 City		FL 85 Zip Code
office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corporal	poration submits this statement for the cion's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SIGNATURE	Sugar dure in specified printed frame of registrated ag	cat are this it work: abla (NOTE	Registered Agent signature requi	red when rejectation	DATE
12.	F	D DIRECTORS	13.		ICERS AND DIRECTORS IN 12
11711	D	☐ DELETE	1,1 TITLE		Change Addition
NAME	JOHNSTON, EDWARD RUSSE	Ш	1.2 NAME		
STEELE LADURESS	531 N CITRUS AVE		1.3 STREET ADDRESS		
CHY-ST 20	CRYSTAL RIVER FL	T.) DELETE	1.4 CITY - ST - ZIP		Change Addition
TOTALE NAME		ר"ו מנוננונ	2 1 TITLE 22 NAME		C Cusude
STREET ADDRESS			23 STREET ADDRESS		
CITY ST 70°			2. 4 CITY - ST - ZIP		
Til (F	·	DELETE	3.1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(1) S* - 7(P		Doute	3.4. CITY-ST-ZIP		Observa Addition
HILE		L.J DELETE	4.1 TITLE		Change
NAME STEEFT ADDRESS			4. 2 NAME		
City-St-Zip			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
THEF		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	·.	
STREET ADDRESS			5.3 STREET ADDRESS		+
CITY-SL-76			54 CITY-ST-ZIP		
III.F		DELETE	6 1 TITLE	:	Change Addition
NAME (6.2 NAME		
STREET ADDRESS		/)	6.3 STREET ADDRESS	P	
C-TY - ST - ZIP	ne contine that they information to worth	duith the filing dark not a sale	64 CITY-ST-ZIP	t in Sention 110 07/20/0 Elorida Crati-	des I further certify that the
information an or appears r	by ceasing man are into the anomal pile. In inclicated on this finual repart or theer or directors the coupration on Block 12 or 1 oct 13 if the about	supplemental annual report is to the receiver of master empowers to an attackment with an add	ue and accurate and that ered to execute this reportess.	d in Section 119 07(3)(i), Florida Statut my signature shall have the same le nt as required by Chapter 607, Florida	gal effect as if made under oath; that is Statutes; and that my name

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 26 1997 8:00am

Secretary of State