

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

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May 04 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 # **K70836** (7)
1. Corporation Name
ABSOLUTELY TRAVEL, INC.



Principal Place of Business
**552 HUNT CLUB BLVD
APOPKA FL 32703**

Mailing Address
**552 HUNT CLUB BLVD
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0103558		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	29 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 WILLIAMS, DAVID B. 552 HUNT CLUB BLVD. APOPKA FL 32703				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				NAME				1.1 TITLE				1.2 NAME			
STREET ADDRESS				CITY-ST-ZIP				1.3 STREET ADDRESS				1.4 CITY-ST-ZIP			
TITLE				NAME				2.1 TITLE				2.2 NAME			
STREET ADDRESS				CITY-ST-ZIP				2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
TITLE				NAME				3.1 TITLE				3.2 NAME			
STREET ADDRESS				CITY-ST-ZIP				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 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.

CR2E034 (10/97)