

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K89408** (4)

1. Corporation Name
WHITT CRUISES AND TRAVEL, INCORPORATED



Principal Place of Business

Mailing Address

**CHARLES L. WHITTINGTON
8890 SW 24TH ST UNIT 216
MIAMI FL 33165**

**CHARLES L. WHITTINGTON
8890 SW 24TH ST UNIT 216
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc.

26 State Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHITTINGTON, CHARLES L.
8890 SW 24TH ST
UNIT 216
MIAMI FL 33165**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/19/1989

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0124319

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 601.060 and 607.1500, 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 607.030(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	WHITTINGTON, CHARLES L.	
3. STREET ADDRESS	8890 SW 24TH ST UNIT 216	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or a trustee or trustee employee of this corporation, and that my name appears in Block 12 or Block 13 of this form, or on an attached sheet with a filing fee.

SIGNATURE:

Charles Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

305 227-1508

CR2E034 (12/95)