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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K89408 (4)
 1. Corporation Name
WHITT CRUISES AND TRAVEL, INCORPORATED



Principal Place of Business:
CHARLES L. WHITTINGTON
8890 SW 24TH ST UNIT 216
MIAMI FL 33165

Mailing Address:
CHARLES L. WHITTINGTON
8890 SW 24TH ST UNIT 216
MIAMI FL 33165-2060

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

11. Pursuant to the provisions of Sections 607.09801 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. This 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

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR
 NAME **D WHITTINGTON, CHARLES L.**
 STREET ADDRESS **8890 SW 24TH ST UNIT 216**
 CITY-STATE-ZIP **MIAMI FL**

TITLE DIRECTOR
 NAME
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 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE DIRECTOR
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

14. I do hereby certify that the information submitted was true and that I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report has been prepared in good faith and is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, I do so as a duly authorized officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, in an official capacity.

CR2E034 (9/96)