

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

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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L05665 (9)
1. Corporation Name
JOE WARNER TRAVEL, INC.



Principal Place of Business Mailing Address
7 NW 24TH COURT DELRAY BEACH FL 33444 **7 NW 24TH COURT DELRAY BEACH FL 33444-4317**

3. Date Incorporated or Qualified **07/31/1989** 3a. Date of Last Report **03/04/1996**
4. FEI Number **70-6564040** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**WARNER, JOSEPH A.
7 NW 24TH COURT
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	WARNER, JOSEPH A.	1.2 NAME	LUSZ, JOEL
STREET ADDRESS	7 N.W. 24TH COURT	1.3 STREET ADDRESS	3100 HERMOSA WAY #206
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DVP	2.1 TITLE	D
NAME	WARNER, ELISABETH L	2.2 NAME	LUSZ, ANGIE
STREET ADDRESS	7 N.W. 24TH CT.	2.3 STREET ADDRESS	3100 HERMOSA WAY #206
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D	3.1 TITLE	
NAME	DEHART, WALTER	3.2 NAME	
STREET ADDRESS	6348 HYPOLUXO RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	WARNER, ELISABETH M.	4.2 NAME	
STREET ADDRESS	7 NW 24 CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	
TITLE	DVP	5.1 TITLE	
NAME	WARNER, DRUE N.	5.2 NAME	
STREET ADDRESS	7 NW 24 CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	WARNER, PHILIP C.	6.2 NAME	
STREET ADDRESS	7 NW 24 CT	6.3 STREET ADDRESS	
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14. I do 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: *Joseph A. Warner* **JOSEPH A. WARNER** 1/11/97 561-278-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)