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

Amended

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97 OCT 20 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 45472  
1. Corporation Name  
MARKETPLACE TRAVEL, INC.

Principal Place of Business: 4604-49th St. No. ST. PETERSBURG, FL 33709  
Mailing Address: 4604-49th St. No. ST. PETERSBURG, FL 33709

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 County: PINELLAS

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified: 9-11-89  
3a. Date of Last Report: 4-2-97  
4. FEI Number: 59-2974928  
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

9. Name and Address of Current Registered Agent  
JACKIE LYNN HALL  
6966-22ND AVE. NO.  
ST. PETERSBURG, FL 33710

10. Name and Address of New Registered Agent  
81 Name: ED KAGEN, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable): 2709 ROCKY POINT DR.  
83 SUITE 102  
84 City: TAMPA, FL  
85 Zip Code: 33607

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: EDWIN B. KAGAN  
DATE: 10/9/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / TREASURER	DELETE
NAME	JACKIE LYNN HALL	
STREET ADDRESS	6966-22ND AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	VICE-PRESIDENT / SECRETARY	DELETE
NAME	MICHAEL BRUCE HALL	
STREET ADDRESS	6966-22ND AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL BRUCE HALL	
1.3 STREET ADDRESS	4604-49th St. No.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKIE LYNN HALL	
2.3 STREET ADDRESS	4604-49th St. No.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Jackie Lynn Hall  
Date: 10-14-97  
Daytime Phone #: 527-6114

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