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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

MENT # L86852

(5)

DOCUMENT #
1. Corporation Name

WAY TO GO TRAVEL, INC.

Principal Place of Business		Mailing Addr

1514 S ALEXANDER ST SUITE 101 1514 C ALEVANIN

1514 S ALEXANDER ST SUITE 101 PLANT CITY FL 33566



PLANT CITY		PLANT CITY FL 33566			3. Date Incorporated or Qualified 07/12/1990	3a. Date of Las 04/21/1	
 ,	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# oto	26		·	59-3026971		Not Applicable
22		Suite, Apt #, etc.			5. Certificate of Status Desired		75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip 24	Country 25	Ζ ₁ ρ	Counte 30	у	This corporation has liability for in Florida Statutes Yes	intarigible tax unde	rs 199.032,
	9. Name and Address of Current	_L	1001		10. Name and Address of New R		
			8	Name		-gioid-id-ingoin	
ANDERS	On, Debra Irene		8:	Street Add	Iress (P.O. Box Number is Not Acceptab	15)	
	MMOCK DRIVE					1±)	
PLANT C	ITY FL 33566		8:	}			
			84	City		 8 5	Zip Code
11 Purcuant to	a the provisions of Sections 607 0503	nd 607 1600 Tto de Co. 1	too the	<u> L.</u>	ration submits this statement for the purp	3 −1 i	,
Or reclision	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	- as ion columbe was allinous	zen tiv the cor	poration's boa	ration submits this statement for the purp ard of directors. Thereby accept the appo	pose of changing i pintment as registe	ts registered office red agent. I am
	Signative Typed or printed narrow of rog seases a joint as	diterance (N	OIL Hagisharal Ay	nt signature ha pirk	od who sensiately	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.11/1/			☐ Chan	ge 🔲 Addition
NAME	Anderson, Debra Irene		1.2 NAME				
STREET ADDRESS	2874 HAMMOCK DR.		1.3 STREE	1 ADDRESS			PE Addition
CITY - ST - ZIP	PLANT CITY FL		1.4 CITY	ST-ZIP			
TITLE	VD	DELETE	2 1 TITLE			☐ Chan	ge 🔲 Addition
NAME	ANDERSON, JAMES E		2 2 NAME				
STREET ADDRESS	2874 HAMMOCK DR		2.3 STREE	: ADDRESS			İ
CITY - ST - ZIP	PLANT CITY FL		2.4 CITY -	ST - 7-P			
TITLE		DELFTE	3 1 Tr'LE			☐ Chan	je 🔲 Addition
NAME			3.2 NAME	j		•	
STREET ADDRESS			3.3 SIR:	I ADDRESS			
CITY-ST-ZIF			3.4 CITY -	ST-ZIP			
TITLE		DELETE	4 1 3 ITLE	İ		Cnang	ge Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREE	LADDHESS			
CITY - ST - ZIF			4.4 CITY -	ST-ZIP			
TITLE		□ DELETE	5 1 THE			☐ Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			53STRFF	ADDRESS			
CITY - ST - ZIP			5.4 CiTY -	5T - Z IP			
TITLE		☐ DELETE	6 1 Table			Chang	e 🔲 Addition
NAME			€ 2 NAM∂				
STREET ADDRESS			6 3 STRE€	ADDRESS			
CITY-ST-ZIP			6.4 City	61 - ZIP			

4. I do hereby certify that the information supplied with this, filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutos, 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 officeror officeror of recover or trustee en powered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18 96

6/3-757-6040