


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

FILED

Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041654 (3)**

1. Corporation Name

TRAVEL OPTIONS & ASSOCIATES, INC.

Principal Place of Business

**6705 CONROY WINDERMERE RD.
STE-A
ORLANDO FL 32835
US**

Mailing Address

**6705 CONROY WINDERMERE RD.
STE-A
ORLANDO FL 32835
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3/1/98 6705 CONROY WINDERMERE RD. SAME Suite, Apt. #, etc.	2a. Mailing Address SAME Suite, Apt. #, etc.
22. City & State ORLANDO FL	27. City & State ORLANDO FL
23. Zip 32835	28. Zip 32835
24. Country USA	29. Country USA

3. Date Incorporated or Qualified 06/07/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3184898	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE YOUNG, LINDA F 1705 WIND HARBOR RD ORLANDO FL 32801	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
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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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEYOUNG, LINDA		1.2 NAME	
STREET ADDRESS 1705 WIND HARBOR RD		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, SUE		2.2 NAME	
STREET ADDRESS 20 E VICK		2.3 STREET ADDRESS	
CITY-ST-ZIP OAKLAND FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, JANET RENE		3.2 NAME	
STREET ADDRESS 5724 BEAR LAKE CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP APOPKA FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEYOUNG, STEPHEN J.		4.2 NAME	
STREET ADDRESS 1705 WIND HARBOR RD		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Linda DeYoung** 2/1/98 407-521-8566

CR2E034 (10/97)