FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 30 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053101 (0)**

1. Corporation Name

IDEAL TRAVEL CONCEPTS, INC.

Principal Place of Business	Mailing Address
301 NORTH TUBB OAKLAND FL 34760	P.O. BOX 710 OAKLAND FL 34760 US

3. Date Incorporated or Qualified: 07/21/1993	3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-3193464	☐ 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 2381 Aloma Ave	26 2381 ALOMA AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER PARK, FL	28 City & State: WINTER PARK, FL
24 Zip: 32792	29 Zip: 32792
25 Country: USA	30 Country: USA

9. Name and Address of Current Registered Agent

CHILDERS, JOHN V
301 NORTH TUBB
OAKLAND FL 34760

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2381 ALOMA AVE.
83
84 City: WINTER PARK FL 85 Zip Code: 32792

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: _____ DATE
Signature typed or printed name of registered agent and title if applicable — Note: Registered Agent signature required when filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CHILDERS, JOHN V		1.2 NAME	
STREET ADDRESS	301 NORTH TUBB		1.3 STREET ADDRESS	2381 ALOMA AVE.
CITY-ST-ZIP	OAKLAND FL 34760		1.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	CHILDERS, BRENDA K		2.2 NAME	
STREET ADDRESS	301 NORTH TUBB		2.3 STREET ADDRESS	1067 WINTER SPRINGS BLVD.
CITY-ST-ZIP	OAKLAND FL 34760		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE			3.1 TITLE	D ☐ Change ☑ Addition
NAME			3.2 NAME	CHILDERS, TRACY ALAN
STREET ADDRESS			3.3 STREET ADDRESS	2790 FLETCHER VIEW DR.
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CORDOVA, TN 38018
TITLE			4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	100000147121-0341
STREET ADDRESS			4.3 STREET ADDRESS	-09/20/96-01021-034
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****300.00 ****300.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	8-9-96
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Brenda K. Childers — 8/9/96 — 901-465-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #