


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

FILED

Apr 10 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 # P93000053101 (0) 1. Corporation Name IDEAL TRAVEL CONCEPTS, INC.											
Principal Place of Business 2381 ALOMA AVE WINTER PARK FL 32792			Mailing Address 2381 ALOMA AVE WINTER PARK FL 32792-3305								
2. Principal Place of Business 21 3586 ALOMA AVE Suite, Apt. #, etc. 22 City & State 23 SAME Zip 24 Country		2a. Mailing Address 26 3586 ALOMA AVE. Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 Country		3. Date Incorporated or Qualified 07/21/1993 3a. Date of Last Report 08/30/1996 4. FEI Number 59-3193464 Applied For Not Applicable 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent CHILDERS, JOHN V 2381 ALOMA AVE WINTER PARK FL 32792			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3586 ALOMA AVE. 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 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME D CHILDERS, JOHN V 1.3 STREET ADDRESS 2381 ALOMA AVE 1.4 CITY-ST-ZIP WINTER PARK FL 32792 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME D CHILDERS, BRENDA K 1.7 STREET ADDRESS 1087 WINTER SPRINGS BLVD. 1.8 CITY-ST-ZIP WINTER SPRINGS FL 32708 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME D CHILDERS, TRACY ALAN 1.11 STREET ADDRESS 2790 FLETCHER VIEW DR. 1.12 CITY-ST-ZIP CORDOVA TN 38018 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 3586 ALOMA AVE. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME D CHILDERS, BRENDA K. 2.7 STREET ADDRESS 3586 ALOMA AVE 2.8 CITY-ST-ZIP WINTER PARK, FL 32792 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 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: BRENDA K. CHILDERS BRENDA K. CHILDERS 4/3/97 901-465-1900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											



CR2E034 (9/96)