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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000061566 (4)**

1. Corporation Name

JOURNEYS TOTAL TRAVEL PLANNERS, INC.

Principal Place of Business	Mailing Address
~~11791 ROYAL PALM BLVD.~~ ~~SUITE 203~~ ~~CORAL SPRINGS FL 33065~~	~~11791 ROYAL PALM BLVD.~~ ~~SUITE 203~~ ~~CORAL SPRINGS FL 33065~~

3. Date Incorporated or Qualified: 09/02/1993	3a. Date of Last Report: 09/29/1995
4. FEI Number: 65-0474233	☐ 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 or intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6043 Kimberly BLVD	26 6043 Kimberly BLVD
22 Suite, Apt. #, etc. J	27 Suite, Apt. #, etc. J
23 City & State: NORTH LAUDERDALE, FL	28 City & State: NORTH LAUDERDALE, FL.
24 Zip: 33068 25 Country: BROWARD	29 Zip: 33068 30 Country: BROWARD

9. Name and Address of Current Registered Agent

~~PITTOCK, JEANNIE~~
~~11791 ROYAL PALM BLVD.~~
~~SUITE 203~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name: PITTOCK, JEANNIE
82 Street Address (P.O. Box Number is Not Acceptable): 6043 Kimberly BLVD
83 # J
84 City: No. LAUDERDALE **FL** 85 Zip Code: 33068

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: X _____ 3-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSTD~~ ~~PITTOCK, JEANNIE~~ ~~11791 ROYAL PALM BLVD.~~ ~~CORAL SPRINGS FL 33065~~ ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD PITTOCK, JEANNIE 6043 Kimberly BLVD # J No. LAUDERDALE, FL. 33068 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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: X _____ 3-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)