


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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUN 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061566(4)**
1. Corporation Name
JOURNEYS TOTAL TRAVEL PLANNERS, INC.

Principal Place of Business Mailing Address
1500 UNIVERSITY DRIVE SUITE 201B CORAL SPRINGS, FL. 33071

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 9/2/93	3a. Date of Last Report
4. FEI Number 65-0474233	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PITTOCK, JEANNIE
6043 Kimberly Blvd #5
No. Lauderdale, FL. 33068**

10. Name and Address of New Registered Agent
81 Name SILVA, JEANNIE
82 Street Address (P.O. Box Number is Not Acceptable) 1500 UNIVERSITY DRIVE
83 Suite, Apt. #, etc. SUITE 201B
84 City CORAL SPRINGS
85 FL
86 Zip Code 33071

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 *[Signature]* DATE **6/23/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PSTD
STREET ADDRESS	PITTOCK, JEANNIE
CITY-ST-ZIP	6043 Kimberly Blvd No. Lauderdale, FL. 33068
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PSTD
1.3 STREET ADDRESS	SILVA, JEANNIE
1.4 CITY-ST-ZIP	1500 UNIVERSITY DRIVE SUITE 201B CORAL SPRINGS FL 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500002229305--9
2.3 STREET ADDRESS	-07/02/97--01081--010
2.4 CITY-ST-ZIP	****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **6/28/97** DAYTIME PHONE # **954-255-5725**

CR2E034 (9/96)

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Journeys

TOTAL TRAVEL PLANNERS

1500 University Drive Suite 201B
Coral Springs, Fla. 33071
Telephone: (800) 590-KICK
(954) 255-5725
Fax: (954) 255-5726

June 23, 1997

To Whom it may concern,

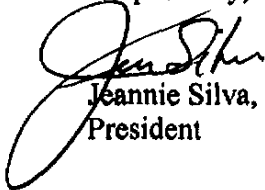
Enclosed you will find my annual payment for my corporation.

I hired a new accountant this last month and if it was not for him I would not have known that this payment was due. We have moved to a new location and our mail was not forwarded to us. We have been in a legal battle over lost commission checks and the responsibility of the previous owner of the agency.

I explained my situation to the representative I spoke with a couple of weeks ago and was informed to write a brief description and to forward the payment as soon as I received the application.

If there are any questions you may address them to the above address and phone number.

Respectfully,



Jeannie Silva,
President