

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

FILED

①

97 JUN 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		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
1500 UNIVERSITY DRIVE SUITE 201 B CORAL SPRINGS, FL. 33071	1500 UNIVERSITY DRIVE SUITE 201 B 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. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
9/2/93	
4. FEI Number	Applied For
65-0474233	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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 #J
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 201 B
84. City	CORAL SPRINGS
85. State	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	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	PITTOCK, JEANNIE	
STREET ADDRESS	6043 Kimberly BLVD	
CITY-ST-ZIP	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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVA, JEANNIE	
1.3 STREET ADDRESS	1500 UNIVERSITY DRIVE SUITE 201 B	
1.4 CITY-ST-ZIP	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)

2

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