SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT

1998

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

DOCUMENT # **P93000062823 (8)**

1. Corporation Name

AMAZING TOUR & TRAVEL, INC.

Principal Place of Business
7575 DR. PHILLIPS BLVD
SUITE 270
ORLANDO FL 32819

Mailing Address
7575 DR. PHILLIPS BLVD.
SUITE 270
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21. 827 SAND LAKE RD.
Suite, Apt. #, etc.
22
City & State
23. ORLANDO FL
Zip
24. 32809
Country
25.

2a. Mailing Address
26. 827 SAND LAKE RD
Suite, Apt. #, etc.
27
City & State
28. ORLANDO FL
Zip
29. 32809
Country
30.

3. Date Incorporated or Qualified
09/03/1993

4. FEI Number
59-3199688
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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

ESTRADA, RAUL
7575 DR. PHILLIPS BLVD.
STE. 270
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81. Name: ESTRADA, RAUL
82. Street Address (P.O. Box Number is Not Acceptable)
827 SAND LAKE RD
83.
84. City: ORLANDO FL 85. Zip Code:

11. Pursuant to the provisions of section 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	ESTRADA, RAUL	
STREET ADDRESS	7575 DR. PHILLIPS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31. TITLE	PD	[X] Change [ ] Addition
32. NAME	ESTRADA, RAUL	
33. STREET ADDRESS	827 SAND LAKE RD	
34. CITY-ST-ZIP	ORLANDO FL 32809	
41. TITLE		[ ] Change [ ] Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		[ ] Change [ ] Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		[ ] Change [ ] Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I 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 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 in an attachment with an address.

SIGNATURE: X

9/18/98

CR2E024 (1-98)