

ANNUAL REPORT  
1995

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

95 APR 14 PM 1:38

DOCUMENT # P93000081431 (7)

1. Corporation Name  
**882 TRAVEL COMPANY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**7001 SKYLANE DRIVE      7001 SKYLANE DRIVE**  
**ORLANDO FL 32819      ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/19/1993</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-3212473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**DUCKWORTH, CHARLES W**  
**701 SKYLANE DRIVE**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DUCKWORTH, CHARLES W</b> <b>7001 SKYLANE DRIVE</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>DUCKWORTH, PATSY</b> <b>7001 SKYLANE DRIVE</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>DUCKWORTH, CHARLES</b> <b>7001 SKYLANE DRIVE</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DUCKWORTH, CHARLES</b> <b>7001 SKYLANE DRIVE</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles W. Duckworth      4/11/95      907 351 3064  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      DATE      (Typed Name #)