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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000001111 (1)

1. Corporation Name
BEST TRAVEL, INC.



Principal Place of Business

226 S. INDIANA AVE.
ENGLEWOOD FL 34223

Mailing Address

226 S. INDIANA AVE.
ENGLEWOOD FL 34223-3309

2. Principal Place of Business

21 28 HARBOR LN
Suite, Apt. #, etc.

22 City & State
ENGLEWOOD FL

23 Zip Country
34223 USA

2a. Mailing Address

26 P.O. Box 1426
Suite, Apt. #, etc.

27 City & State
ENGLEWOOD FL

28 Zip Country
34295 USA

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0457694

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 for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCRIVNER, CORRIN
226 S. INDIANA AVE.
ENGLEWOOD FL 34223

(NEW ADDRESS)
28 HARBOR LN
ENGLEWOOD, FL
34223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCRIVNER, CORRIN
STREET ADDRESS 226 S. INDIANA AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE V
NAME SCRIVNER, ANNE
STREET ADDRESS 226 S. INDIANA AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

(NEW ADDRESS)
28 HARBOR LN
ENGLEWOOD FL 34223

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

(NEW ADDRESS)
28 HARBOR LN
ENGLEWOOD FL 34223

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, 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.

CR2E034 (9/96)