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Mar 25 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 # P94000007611 (4)

1. Corporation Name
TEAM TRAVEL, INC.

Principal Place of Business
6161 NINTH ST. NORTH
ST. PETERSBURG FL 33703

Mailing Address
6161 NINTH ST. NORTH
ST. PETERSBURG FL 33703-1104



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3222260		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GOLD, AARON J
703 SWANN AVE.
TAMPA FL 33606

Address Change

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
704 West Bay Street
83
84 City Tampa FL 85 Zip Code 33606

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 of the president, officer, or registered agent, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	HIGMAN, DENICE R	1.2 NAME	
STREET ADDRESS	6161 9TH ST. NORTH	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	1.4 CITY-STATE-ZIP	33703
TITLE	TS	2.1 TITLE	D
NAME	HIGMAN, DAVID A	2.2 NAME	
STREET ADDRESS	6161 9TH ST. NORTH	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	2.4 CITY-STATE-ZIP	33703
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE

Sandra B. Mortham
Sandra B. Mortham, Secretary of State

DATE

3/21/97

Daytime Phone

0973327

CR2E034 (9/96)