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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013483 (0)

V. I. P. TRAVEL RESERVATIONS, INC.

Principal Piac 2441 BELLEVUE DAYTONA BEHI US	E AVE	Mailing Address 2441 BELLEVUE AVE DAYTONA BEHAC FL 32114-5615 US				
				3. Date Incorporated or Qua 02/15/1994	lified 3a. Date of Last Report 03/21/1996	
2. Principal P 21 Sulte, Apt.	lace of Business	28. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0468555	Applied For Not Applicable	
22 City & State		City & State		Certificate of Status Desir Election Campaign Finance	Fee Required	
Zip Country		28 Zip / Country		Trust Fund Contribution	Added to Fees	
24	25] 9. Name and Address of Curre	29	30]	Florida Statutes Name and Address of N	ity for intangible tax under s. 199.032, Yes No	
ो 15 Hou (,	DWYN, OWEN L KENSINGTON ROAD LYWOOD FL 33021	4	83 City Po	Michael J. Par Address (P.O. Box Number is Not Ac PHONE Line R+ Oranbe	FL 85 Zip Code 7	
office or r agent. I a SIGNATURE	1 milns 1 fac	345	uthorized by the corpidal Statutos.		r the purpose of changing its registered accept the appointment as registered	
12.		ID DUA CTORS	13.		OFFICERS AND DIRECTORS IN 12	
TITLE NAME	PD PANAGGIO, MICHAEL 6184 SHORELINE DRIVE	DELETE	1.1 TITLE 1.2 NAMI		Change Addition	
STREET ADDRESS CITY-ST-ZIP	DAYTONA BEACH FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
NAME STREET ADDRESS		L_J DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		L_ Change L_ Addition	
TITLE NAME STREET ADDRESS		[] DELETE	2.4 CHY-S1-ZIP 3.1 THEF 3.2 NAME 3.3 STREEL ADDRESS	A.A. a.a.	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	~ · · · · · · · · · · · · · · · · · · ·	DELETE	3 4. CTY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS		[] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition	
informatio I am an of	n Indicated on this annual report or	supplemental annual report is tru r the receiver or trustee empowe	ue and accurate and ered to execute this re	ated in Section 119.07(3)(i). Florida S that my signature shall have the sam eport as required by Chapter 607, Fic	e legal effect as if made under oath; that I	