

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000016268 (2)**

1. Corporation Name
PARADISE TROPICAL TOURS, INC.



Principal Place of Business: **2201 EAST GRANT STREET ORLANDO FL 32806**
Mailing Address: **2201 EAST GRANT STREET ORLANDO FL 32806**

3. Date Incorporated or Qualified: **02/24/1994**
3a. Date of Last Report: **08/10/1995**
4. FET Number: **59-3227863**
Applied For: Applied For
Not Applicable: 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

2. Principal Place of Business:
21. City & State: **91430 Valdosta, GA**
22. Suite, Apt. #, etc.: **Rd**
23. Zip: **31002**
24. Country: **USA**
2a. Mailing Address:
26. City & State: **2401 Marlboro St Orlando, FL**
27. Suite, Apt. #, etc.:
29. Zip: **32806**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**PYBURN, DAWN
2201 EAST GRANT ST.
ORLANDO FL 32806**

10. Name and Address of New Registered Agent
1. Name: **Pyburn Dawn**
82. Street Address:
83. City & State: **Orlando FL**
84. Zip Code: **32806**

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: *Dawn Pyburn* 3-5-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PYBURN, DAWN	
STREET ADDRESS	2201 EAST GRANT STREET	2401 Marlboro St
CITY - ST - ZIP	ORLANDO FL	Orlando FL 32806
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, ANDREW M	
STREET ADDRESS	234 EAST FILLMORE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas L. Pyburn
2.3 STREET ADDRESS	2401 Marlboro St
2.4 CITY - ST - ZIP	Orlando, FL 32806
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001857447
5.3 STREET ADDRESS	-06/11/96--0105--024
5.4 CITY - ST - ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Dawn Pyburn President* 3-5-96 894-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dawn Pyburn President

CR2E034 (12/95)