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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000052568 (0)

1. Corporation Name

FTA FRATERNAL TRAVEL ASSOCIATION, INC.

Principal Place of Business

405 NE 7TH ST  
GAINESVILLE FL 32601

Mailing Address

405 NE 7TH ST  
GAINESVILLE FL 32601-5545



3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
08/07/1996

2. Principal Place of Business

21 405 NE 7th St

2a. Mailing Address

26 405 NE 7th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gainesville FL

City & State

28 Gainesville FL

Zip

24 32601

Country

25 Alachua

Zip

29 32601

Country

30 Alachua

4. FEI Number

NOT APPLICABLE

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

UNGER, KEN  
205 SE 18TH AVE  
#25-D  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name Eric Manin  
82 Street Address (P.O. Box Number is Not Acceptable)  
405 NE 7th St  
83  
84 City Gainesville FL 85 Zip Code 32601

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

Eric Manin

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	DELETE
NAME	UNGER, KEN	
STREET ADDRESS	205 SE 18TH AVE #25-D	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE	VP	DELETE
NAME	MANIN, ERIC	
STREET ADDRESS	405 NE 7TH ST	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	Manin, Eric		
1.3 STREET ADDRESS	405 NE 7th St		
1.4 CITY - ST - ZIP	Gainesville FL 32601		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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 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:

Eric Manin REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

352-375-8662

Daytime Phone #

CR2E034 (9/96)