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FILED
Apr 15 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 # P94000063547 (1)

1. Corporation Name
RESORT CONNECTION & TRAVEL CORPORATION



Principal Place of Business
**199 W PALMETTO PARK RD
 STE 3
 BOCA RATON FL 33432
 US**

Mailing Address
**199 W PALMETTO PARK RD
 STE 3
 BOCA RATON FL 33432-3809
 US**

3. Date Incorporated or Qualified **08/25/1994** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business
21 482 W. HILLSBORO BLVD

2a. Mailing Address
26 482 W. HILLSBORO BLVD

4. FEI Number **65-0514258** Applied For Not Applicable

22 Suite, Apt. #, etc.
23 DEERFIELD BEACH, FL.

27 Suite, Apt. #, etc.
28 DEERFIELD BEACH, FL.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **33441** 25 Country **BROWARD**

29 Zip **33441** 30 Country **BROWARD**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

SCHWARTZ, KENNETH
199 W PALMETTO PARK RD
SUITE 305
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
486 W. HILLSBORO BLVD
 83
 84 City **DEERFIELD BEACH** **FL** 85 Zip Code **33441**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, KENNETH	
STREET ADDRESS	199 W PALMETTO PARK RD, STE 3	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME	*CHANGE OF ADDRESS ONLY*	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	486 W. HILLSBORO BLVD
1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL, 33441
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 supplementary 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.

CR2E034 (9/96)