

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 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 # **P94000064514 (0)**

1. Corporation Name
P.R.O.P. TOUR, INC.



Principal Place of Business POST OFFICE BOX 37 LAKE HAMILTON FL 33851	Mailing Address POST OFFICE BOX 37 LAKE HAMILTON FL 33851-0037
---	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 02/22/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0527531	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE WINTER HAVEN FL 33880	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

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 checked="" type="checkbox"/> DELETE	1.1 TITLE President/director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILLMAN, BOB		1.2 NAME Gary Garbrecht	
STREET ADDRESS 40 SUNSET DRIVE, UNIT 6		1.3 STREET ADDRESS Post Office Box 37	
CITY-ST-ZIP BASALT CO 81621		1.4 CITY-ST-ZIP Lake Hamilton Florida 33851 N/A	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President/director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARBRECHT, GARY		2.2 NAME Bill Seebold	
STREET ADDRESS POST OFFICE BOX 7 N/A		2.3 STREET ADDRESS Post Office Box 37	
CITY-ST-ZIP LAKE HAMILTON FL 33851		2.4 CITY-ST-ZIP Lake Hamilton, Florida 33851 N/A	
TITLE PRES. Dir	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer/director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Garbrecht, Gary		3.2 NAME Richard E. Straughn	
STREET ADDRESS PO Box 37		3.3 STREET ADDRESS Post Office Box 37	
CITY-ST-ZIP Lake Hamilton FLA 33851 N/A		3.4 CITY-ST-ZIP Lake Hamilton, Florida 33851 N/A	
TITLE U.P. Dir	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bill Seebold		4.2 NAME	
STREET ADDRESS P.O. Box 37		4.3 STREET ADDRESS	
CITY-ST-ZIP Lake Ham. FLA 33851 N/A		4.4 CITY-ST-ZIP	
TITLE TREASURER SEC Dir	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Richard STRAUGHN		5.2 NAME	
STREET ADDRESS PO BOX 37		5.3 STREET ADDRESS	
CITY-ST-ZIP Lake Hamilton FLA 33851 N/A		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  4/14/97 94/243-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)