

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

FILED

Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000067155 (9)**

1. Corporation Name  
**GLOBAL TRAVEL GROUP, INC.**



Principal Place of Business <b>13330 W COLONIAL DR STE. 130 WINTER GARDEN FL 32786</b>	Mailing Address <b>PO BOX 1523 WINDERMERE FL 34786-1523</b>
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3. Date Incorporated or Qualified <b>09/07/1994</b>	3a. Date of Last Report <b>07/16/1996</b>
4. FEI Number <b>59-3277579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>516 So. Dillard Street</b> Suite, Apt. #, etc. 22 <b>Suite #4</b> City & State 23 <b>Winter Garden FL</b> Zip 24 <b>34787</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**EBY, MELANIE**  
**13330 W COLONIAL DR**  
**#130**  
**WINTER GARDEN FL 32786**

10. Name and Address of New Registered Agent

81 Name <b>Eby, melanie</b>	85 Zip Code <b>34787</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>516 So. Dillard St.</b>	
83 Suite #4	
84 City <b>Winter Garden</b>	85 State <b>FL</b>

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 <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EBY, MELANIE</b>		1.2 NAME <b>Eby, melanie</b>	
STREET ADDRESS <b>13330 W COLONIAL DR #130</b>		1.3 STREET ADDRESS <b>516 So. Dillard St. Ste 4</b>	
CITY-ST-ZIP <b>WINTER GARDEN FL 32786</b>		1.4 CITY-ST-ZIP <b>Winter Garden FL 34787</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALL, KATHRYN</b>		2.2 NAME	
STREET ADDRESS <b>23098 FREDDIE FRANK RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALL CHRISTIAN MS 39571</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Melanie Eby Melanie Eby 3/12/97 407 656 8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)