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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000026394 (3)

ORANGE TRAVEL, INC.

Principal Place of Business Mailing Address

418 NO. MAGNOLIA AVENUE ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

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2a. Mailing Address

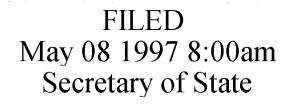
Suite, Apt. #, etc.

SIGNATIMENT MARKET D

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419 NO. MAGNOLIA AVENUE ORLANDO FL 32801-1524





3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

03/29/1995

59-3320161

5. Certificate of Status Desired

City & Stati	е		t1	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	28		Coun				
24 24	i	25	Zip 29		30	ıry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
MARTIN, VICKI					8	1 Name			
419 NO. MAGNOLIA AVENUE ORLANDO FL 32801					8	2 Street	Address (P.O. Box Number is Not Acceptable)		
					. 8	83			
					8	4 City	FL 85 Zip Code		
44 6	4 - 44 1		0/00 1 007 4/0	6 Fr. 1-1- 69-4 A					
office or r	registered ag		tate of Florida, Suc	chichange was a	uthorized	by the con	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE									
12.	Signature, typed	or printed paner of registered	AND DIRECTORS		13.	agoni signature	required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	OFFICENS	AND DIRECTORS	DELETE	1.1 TITLE		Change Addition		
NAME	_			1.2 NAM					
STREET ADDRESS	1 ' *** *** *** ****************				- 1	ET ADDRESS			
CITY-ST-ZIP		O FL 32801	/ L		4	-S1 - ZIP			
TITLE	U U U U U U	O 1 L 02001		DELETE	2.1 TITL		Change Addition		
NAME]				2.2 NAM	E			
STREET ADDRESS]				2.3 STR!	ET ADDRESS			
CITY-ST-ZIP	<u> </u>				2.4 001	Y-\$1-ZIP			
TITLE				DELETE	3.1 TITL		Change Addition		
NAME	į				3.2 NAM	Ł			
STREET ADDRESS	Į				3.3 BTRE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>				3 4. Dri 1	7-\$1-ZIP			
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NAME					4. 2 NAN	ΛE			
STREET ADDRESS	1				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ļ			-1 52 54		-S1-7IP	 		
TITLE	l			DELETE	5.1 1170		Change Addition		
NAME					5.2 NAW				
STREET ADDRESS	}					ET ADDRESS			
CITY-ST-ZIP				T DE LEE		- S1 - 71P			
TITLE				DELETE	6.1 TrTL		Change Addition		
NAME OZOSST ADORSOO	į.				6.2 NAM				
STREET ADDRESS					1	EFT ADDRESS			
CITY-ST-ZIP	by certify the	at the information sun	plied with this filing	does not qualif	v for the e	- \$1- ZIP xemption s	I stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
Informatio	on indicated officer or dire	on this annual report ctor of the corporation or Block 13 if changed	or supplemental a n or the receiver of	innual report is tr or trustee empow	ue and ac ered to ex	curate and	that my signature shall have the same legal effect as if made under eath; that report as required by Chapter 607, Florida Statutes; and that my name		