

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P95000030749 (2)

1. Corporation Name  
BIZTRAVEL.COM, INC.



Principal Place of Business  
920 TULIP COURT SUITE 100  
MARCO ISLAND FL 33937

Mailing Address  
920 TULIP COURT SUITE 100  
MARCO ISLAND FL 33937

|                                                                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>04/17/1995                                                                                                             | 3a. Date of Last Report        |
| 4. FET Number<br>65-0561590                                                                                                                                 | Applied For<br>Not Applicable  |
| 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    |
| 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 | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, LINDA M  
920 TULIP COURT SUITE 100  
MARCO ISLAND FL 33937

|                                                       |
|-------------------------------------------------------|
| 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 \_\_\_\_\_ Signature of person or persons authorized to sign for the corporation. If the Registered Agent's signature is printed, check the appropriate box.

|                            |                                 |                                                       |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 1. TITLE                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1. NAME                                               | Norman Tengstrom                                                             |
| STREET ADDRESS             |                                 | 1. STREET ADDRESS                                     | 1851 Olds Ct                                                                 |
| CITY - ST - ZIP            |                                 | 1. CITY - ST - ZIP                                    | Marco Island FL 33937                                                        |
| TITLE                      | <input type="checkbox"/> DELETE | 2. TITLE                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2. NAME                                               | Linda Cohen                                                                  |
| STREET ADDRESS             |                                 | 2. STREET ADDRESS                                     | 920 Tulip Ct                                                                 |
| CITY - ST - ZIP            |                                 | 2. CITY - ST - ZIP                                    | Marco Island FL 33937                                                        |
| TITLE                      | <input type="checkbox"/> DELETE | 3. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3. NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 3. STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            |                                 | 3. CITY - ST - ZIP                                    |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4. NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 4. STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            |                                 | 4. CITY - ST - ZIP                                    |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5. NAME                                               | 500001852825                                                                 |
| STREET ADDRESS             |                                 | 5. STREET ADDRESS                                     | -06/05/96--01115--019                                                        |
| CITY - ST - ZIP            |                                 | 5. CITY - ST - ZIP                                    | ***225.00                                                                    |
| TITLE                      | <input type="checkbox"/> DELETE | 6. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6. NAME                                               |                                                                              |
| STREET ADDRESS             |                                 | 6. STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            |                                 | 6. CITY - ST - ZIP                                    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda Cohen LINDA COHEN 5/1/96 941-389-2924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_

CR2E034 (12/95)