

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000065599 (9)**

1. Corporation Name  
**AIRROADS TRAVEL, INC.**



Principal Place of Business <b>2457A SO. HIAWASSEE DRIVE STE 303 ORLANDO FL 32835</b>	Mailing Address <b>2457A SO. HIAWASSEE DRIVE STE 303 ORLANDO FL 32835</b>
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2. Principal Place of Business 21 <b>5750 Major Blvd.</b>		2a. Mailing Address 26 <b>435 East SR 434</b>		3. Date Incorporated or Qualified <b>08/23/1995</b>		3a. Date of Last Report	
Suite, Apt. #, etc. 22 <b>Suite 276</b>		Suite, Apt. #, etc. 27 <b>Suite 300</b>		4. FEI Number <b>59-3331757</b>		Applied For Not Applicable	
City & State 23 <b>Orlando, FL</b>		City & State 28 <b>Longwood, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip 24 <b>32819</b>		Country 25 <b>USA</b>		Zip 29 <b>32750</b>		Country 30 <b>USA</b>	
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent  <b>D'AMORE, WENCHE 2457A SO. HIAWASSEE DRIVE STE 303 ORLANDO FL 32835</b>				10. Name and Address of New Registered Agent 81 Name <b>Alan Metzger</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>435 East SR 434, Suite 300</b> 83 84 City <b>Longwood</b> <b>FL</b> 85 Zip Code <b>32750</b>			
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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 *Alan Metzger* **Alan Metzger President** *6/3/96*  
Signature typed or printed (Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (LHA)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <b>D'AMORE, WENCHE</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D'AMORE, WENCHE</b>	12 NAME	<b>Alan Metzger</b>
STREET ADDRESS	<b>2457A SO. HIAWASSEE DRIVE STE 303</b>	13 STREET ADDRESS	<b>435 East SR 434, Suite 300</b>
CITY - ST - ZIP	<b>ORLANDO FL 32835</b>	14 CITY - ST - ZIP	<b>Longwood, FL 32750</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.0713(F), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Metzger* **Alan Metzger President** *6/3/96 (407) 352-8382*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (LHA) (Daytime Phone #)

CR2E034 (3/96)