


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083312 (5)

1. Corporation Name

TROPICAL VACATIONS AND DISCOUNT TICKETS INC.



Principal Place of Business 2701 FANTASY LAND VILLARIDGE MO 63089	Mailing Address 2701 FANTASY LAND VILLARIDGE MO 63089
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7951 Fantasy Heights Blvd. Suite, Apt. #, etc. 22 City & State 23 Kissimmee, Florida Zip 24 34747		2a. Mailing Address 25 7951 Fantasy Heights Blvd. Suite, Apt. #, etc. 27 City & State 28 Kissimmee, Florida Zip 29 34747		3. Date Incorporated or Qualified 10/27/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 50-3339419		5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643		10. Name and Address of New Registered Agent 81 Name Miller, Toby W. 82 Street Address (P.O. Box Number is Not Acceptable) 7951 Fantasy Heights Blvd. 83 84 City Kissimmee, FL 85 Zip Code 34747	
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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  Toby W. Miller, CPA, CFO, Treasurer 7-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNNERSTALL, JEFFREY C 2701 FANTASY LAND VILLARIDGE MO 63089 <input type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PC Unnerstall, Jeffrey C. 7951 Fantasy Heights Blvd. Kissimmee, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNNERSTALL, CHRISTOPHER J 2701 FANTASY LAND VILLARIDGE MO 63089 <input type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	VS Unnerstall, Christopher J. 7951 Fantasy Heights Blvd. Kissimmee, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Miller, Toby W. 7951 Fantasy Heights Blvd. Kissimmee, FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  SIGNATURE REQUIRED 7/28/97 107-399-0424

CR2E034 (4/97)