

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083369 (5)

1. Corporation Name

VHC TRAVEL INC.



Principal Place of Business

Mailing Address

214 BRAZILIAN AVENUE
SUITE 205
PALM BEACH FL 33480

214 BRAZILIAN AVENUE
SUITE 205
PALM BEACH FL 33480

3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report N/A
4. FEI Number 65-0621364	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 214 BRAZILIAN AVENUE Suite, Apt. #, etc. 22 SUITE 205 City & State 23 PALM BEACH, FL Zip 24 33480	2a. Mailing Address 26 214 BRAZILIAN AVENUE Suite, Apt. #, etc. 27 SUITE 205 City & State 28 PALM BEACH, FL Zip 29 33480	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name TIMOTHY W. COX, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 322 BANYAN BLVD.
83
84 City WEST PALM BEACH
85 Zip Code 33410

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

Timothy W. Cox, President

TIMOTHY W. COX

3/8/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)