

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000039794 (8)**
 1. Corporation Name
SHORT TRAVEL, INC.



Principal Place of Business 11903 SOUTHWEST 44TH STREET DAVIE FL 33330	Mailing Address 11903 SOUTHWEST 44TH STREET DAVIE FL 33330-1911
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3. Date Incorporated or Qualified 05/08/1996		3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 65-0665174	
Suite, Apt #, etc.		Applied For Not Applicable	
22		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		\$8.75 Additional Fee Required	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip		Country	
24	25	29	30
Country		Country	
28		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name ELIZABETH L. SHORT (SHORT TRAVEL, INC) 82 Street Address (P.O. Box Number is Not Acceptable) 11903 S.W. 44th ST. 83 84 City DAVIE FL 85 Zip Code 33330	

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: Elizabeth L. Short (Signature Typed or Printed Name of Registered Agent and Title if Applicable) Elizabeth L. Short (NOTE: Registered Agent signature required when reinstating) DATE 4-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, ELIZABETH L	1.2 NAME	
STREET ADDRESS	11903 SOUTHWEST 44TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33330	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, GERARD K	2.2 NAME	
STREET ADDRESS	11903 SOUTHWEST 44TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33330	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Elizabeth L. Short (Signature and Typed or Printed Name of Signing Officer or Director) DATE 4-11-97 DAYTIME PHONE # 954-473-6781

CR2E034 (9/96)