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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000045678 (5)**

1. Corporation Name
TRAVEL ANGELS, INC.

Principal Place of Business	Mailing Address
2505 ENTERPRISE RD. SUITE 7 CLEARWATER FL 34623	2505 ENTERPRISE RD. SUITE 7 CLEARWATER FL 34623-1100

3. Date Incorporated or Qualified: 05/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 601 Patricia Av.
22: Suite, Apt. #, etc.
23: City & State: Dunedin FL.
24: Zip: 34698
25: Country: Pinellas

2a. Mailing Address
26: 601 Patricia Av.
27: Suite, Apt. #, etc.
28: City & State: Dunedin FL.
29: Zip: 34698
30: Country: Pinellas

4. FEI Number: 59-3377286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, WAYNE T
2505 ENTERPRISE RD.
SUITE 7
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: Bob & Catherine H. Barber
82 Street Address (P.O. Box Number is Not Acceptable): 601 Patricia Av.
83:
84 City: Dunedin, FL. FL 85 Zip Code: 34698

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: X Catherine H. Barber
(Type 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	PSTD PHILLIPS, MARION R 2505 ENTERPRISE RD., STE. #7 CLEARWATER FL 34623	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Bob Barber 601 Patricia Av. Dunedin FL. 34698	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, ROBERT N 601 PATRICIA AVE. DUNEDIN FL 34698	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Sec.-Tre. Catherine H. Barber 601 Patricia Av. Dunedin, FL. 34698	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, CATHERINE H 601 PATRICIA AVE. DUNEDIN FL 34698	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: X Catherine H. Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 (813) 733-9385
Date Daytime Phone #