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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046977 (0)

TOUR & CONVENTION PLANNERS, INC.

Principal Place of Business

Mailing Address

4900 NORTHWEST 24 COURT, SUITE D205

4800 NORTHWEST 24 COURT, SUITE D205

FILED Feb 11 1997 8:00am Secretary of State



LAUDERDALE LAKES FL 33313					LAUDERDALE LAKES FL 39313-3955										
										3.	Date Incorporated or Qualified 06/03/1996	3a. D	ate of La	ast Re	port
	2. Principal Place of Business					2a. Mailing Address					FEI Number				olied For
21				26											Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Б.	Certificate of Status Desired				dditional
22				City & State					·····				······································		puired
City & State					hy '					6.	Election Campaign Financing Trust Fund Contribution				May Be o Fees
Zip	p Country				Zip Country						This corporation has liability for	-=-			
24		25	,	29	29 30			,	, 10, ,,,				No	JUI S.	133.032,
9. Name and Address of Current										10. Name and Address of New Registered Agent					
AMERILAWYER CHARTERED								1	Name						
343 ALMERIA AVENUE								2	Street A	Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134					•				Charles to the portion of the ribophanol						
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VARIATION								\perp	•			FL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
11. Pursua office of agent.	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.														
SIGNATUR	E								-,,			DATE			
12.	Signature, type	d or pri	oled name of registered age:			(NOTE:	Hegistered /	Ager	nt signature re	required who	ADDITIONS/CHANGES TO OFFIC		DIREC	TOR	S IN 12
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CITY-ST-ZIP	~~						TY-SI-ZIP		1	***165.00	- ·				
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name an attachment with an address.