


Amended: \$61.25

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 26 PM 12:49

DOCUMENT #	P96000055185
1. Corporation Name	
TRAVELNOW.COM INC.	

Principal Place of Business	Mailing Address
DO NOT WRITE IN THIS SPACE	

2. Principal Place of Business	2a. Mailing Address
21 318 Park Central East	26 318 Park Central East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 306	27 Suite 306
City & State	City & State
23 Springfield, MO	28 Springfield, MO
Zip	Zip
24 65806	29 65806
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
06/21/1996	Not Applicable
4. FEI Number	Applied For
59-3391244	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
7. This corporation owes the current year intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Tax.	

9. Name and Address of Current Registered Agent	
Capital Connection, Inc. 417 E. Virginia St., Suite 1 Tallahassee, FL 32301	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	700002974637--0
83	08/31/99 01037 013
84 City	FL
85 Zip Code	61.25

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	Donald R. Mastropietro
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	Teresa B. Crowley
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CP
1.2 NAME	Jeff Wasson
1.3 STREET ADDRESS	318 Park Central East., Suite 306
1.4 CITY-ST-ZIP	Springfield, MO 65806
2.1 TITLE	VSD
2.2 NAME	Chris Noble
2.3 STREET ADDRESS	318 Park Central East, Suite 306
2.4 CITY-ST-ZIP	Springfield, MO 65806
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ Jeff Wasson, Pres. 8/17/99 (417) 864-3600

CR2E034 (11/98)