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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 # P96000057941 (2)
1. Corporation Name
TRAVEL ETC., INC.



Principal Place of Business: 4180 BELFORT ROAD #330 JACKSONVILLE FL 32216
Mailing Address: 4180 BELFORT ROAD #330 JACKSONVILLE FL 32216-1480

3. Date Incorporated or Qualified: 07/10/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3420614
Applied For: [Blank] / Not Applicable
6. 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: [X] Yes [] No

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent: 81 Name: DIANE L. MUSICK, 82 Street Address: 4190 Belfort Road Suite 220, 83 [Blank], 84 City: JACKSONVILLE, FL, 85 Zip Code: 32216

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: Diane L. Musick, DATE: 2/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D [] DELETE	1.1 TITLE: P/D [] Change [X] Addition	NAME: DIANE L. MUSICK	
STREET ADDRESS: [Blank]	1.2 NAME: [Blank]	1.3 STREET ADDRESS: 4190 Belfort Road Suite 220	
CITY-ST-ZIP: [Blank]	1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32216	2.1 TITLE: [Blank]	[] Change [] Addition
TITLE: [Blank] [] DELETE	2.2 NAME: [Blank]	2.3 STREET ADDRESS: [Blank]	[] Change [] Addition
NAME: [Blank]	2.4 CITY-ST-ZIP: [Blank]	3.1 TITLE: [Blank]	[] Change [] Addition
STREET ADDRESS: [Blank]	3.2 NAME: [Blank]	3.3 STREET ADDRESS: [Blank]	[] Change [] Addition
CITY-ST-ZIP: [Blank]	3.4 CITY-ST-ZIP: [Blank]	4.1 TITLE: [Blank]	[] Change [] Addition
TITLE: [Blank] [] DELETE	4.2 NAME: [Blank]	4.3 STREET ADDRESS: [Blank]	[] Change [] Addition
NAME: [Blank]	4.4 CITY-ST-ZIP: [Blank]	5.1 TITLE: [Blank]	[] Change [] Addition
STREET ADDRESS: [Blank]	5.2 NAME: [Blank]	5.3 STREET ADDRESS: [Blank]	[] Change [] Addition
CITY-ST-ZIP: [Blank]	5.4 CITY-ST-ZIP: [Blank]	6.1 TITLE: [Blank]	[] Change [] Addition
TITLE: [Blank] [] DELETE	6.2 NAME: [Blank]	6.3 STREET ADDRESS: [Blank]	[] Change [] Addition
NAME: [Blank]	6.4 CITY-ST-ZIP: [Blank]		

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 included 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: Diane L. Musick, DATE: 2/28/97

CR2E034 (9/96)