

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

FILED

**May 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000077317 (1)

1. Corporation Name
BLACK TRAVEL EXPERIENCE, INC.



Principal Place of Business
**16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-4940**

Mailing Address
**16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-1319**

3. Date Incorporated or Qualified **09/17/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **9021 WESTBAY BLVD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. BOX 272577**
Suite, Apt. #, etc.

4. FEI Number **593406957** Applied For Not Applicable

22 City & State
23 **TAMPA FL**

27 City & State
28 **TAMPA FL**

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

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

24 **33615** 25 Country

29 **33624-2577** 29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, TONYA A
16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-1319**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9021 WESTBAY BLVD
83
84 City **TAMPA** FL 85 Zip Code **33615**

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, TONYA A	
STREET ADDRESS	16396 NORTHDAL OAKS DRIVE	
CITY-ST-ZIP	TAMPA FL 33624-1319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORWOOD, EDWIN F III	
STREET ADDRESS	6243 22ND ROAD NORTH	
CITY-ST-ZIP	ARLINGTON VA 22205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9021 WESTBAY BLVD
1.4 CITY-ST-ZIP	TAMPA FL 33615
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Tonya Jacobs* 11/26/97 9021 Westbay Blvd

CR2E034 (9/96)