FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG 28 AM 9: 42 196000090122 DOCUMENT # SECKETALA UF STATE KALLAHASSEE FLORIDA INCREDIBLE JOURNEYS INC. Mailing Address SAME Principal Place of Business 746 N.W 41st WAY DEERFIELD BCH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 2s. Mailing Address 2. Principal Place of Business Applied For 65-071357 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RAPP, MICHELLE 82 Street Address (P.O. Box Number is Not Acceptable) 750 EAST SAMPLE ROAD Ompano Beach FL 33064 Zip Code 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 (NO1) Hegistered Agent signature required when reinstating; Signature, typed or printed traine of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 12. BOOTSOND VICE President DELETE TIFLE 1.1 TILLE Change Edward E. Holland NAME 1.2 NAME 746 N.W41 WAY STREET ADDRESS 1.3 STREET ADDRESS Operfield Beh FC 33442

And I resident, TREASURE

Kathy L. HOLLAND

746 N.W. 41 WAY CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 11716 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Over field Buch FC 3344 2 4 CITY - S1 - 7IP CITY-ST-ZIP DELETE 400002280 Change Addition TITLE 3171118 NAME 3.2 NAME • -08/28/97--01130--022 3.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 3.4. CITY - ST - ZIP CITY-ST-ZIP DILETE 41 DRUE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DETETE

6.4 CITY-ST-7IP 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 offect 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

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

TITLE

NAME STREET ADDRESS

8-21-97 954-426-9072

Change

Addition