

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

FILED

Feb 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
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DOCUMENT # P97000000151
1. Corporation Name
OVERSEAS TRAVEL CO.

Principal Place of Business 203 N GADSDEN ST. TALLAHASSEE, FL 32301 US	Mailing Address 203 N Gadsden St. Tallahassee, Fl. 32301 US
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2. Principal Place of Business 21 203 N Gadsden St. Suite, Apt. #, etc. 22 Suite 7 & 8 City & State 23 Tallahassee, FL Zip 24 32301	2a. Mailing Address 26 203 N. Gadsden St. Suite, Apt. #, etc. 27 Suite 7 & 8 City & State 28 Tallahassee, FL Zip 29 32301 Country 30 Leon
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3. Date Incorporated or Qualified 01/02/1997	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**McKenzie, W. Guy Jr.
1420 Golf Terrace Dr.
Tallahassee, FL**

10. Name and Address of New Registered Agent
81 Name **McKenzie, W. Guy, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
1420 Golf Terrace Dr.
83 **Tallahassee, FL**
84 City **Tallahassee, FL** 85 Zip Code **32301**

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 *W. Guy McKenzie Jr.* **W. Guy McKenzie Jr.** **2-5-97**
Signature of person authorized to register agent and if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	McKenzie, Brigitte, R.	
STREET ADDRESS	1420 Golf Terrace Dr.	
CITY- ST- ZIP	Tallahassee, FL 32301	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	McKenzie, W. Guy Jr.	
STREET ADDRESS	1420 Golf Terrace Dr.	
CITY- ST- ZIP	Tallahassee, FL 32301	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 199.07(3)(b), 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: *Brigitte R. McKenzie* **Brigitte R. McKenzie, President** **February 5, 1996** **904-224-4571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)