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

PROFIT CORPORATION ANNUAL REPORT

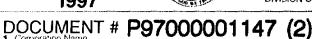


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



1. Corporation Name		. •	. •	~		•	•	• •	
WORLDWIDE TRAV	/FI	PAR	TNF	RS.	INC.				

INCUMINE TRAVEL PARTNERS, INC. Principal Place of Business Mailing Address 6400 N. ANDREWS AVENUE 6400 N. ANDREWS AVENUE SUITE 302 SUITE 302 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-2172 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 50 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country Zip 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOWERS, JOHN K 6400 N. ANDREWS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 FORT LAUDERDALE FL 33309 City 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 labellar with and accept the obligations of Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE Change Addition TILLE John Bowers NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADORESS FL. 33067 1.4 CITY - ST - ZIP CITY-S1-ZII DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME SON C. BOWE'S Holmbors Rd. STREET ADDRESS 2.3 STREET ADDRESS 33067 2.4 CITY - ST- ZIP CITY-SI-7P DELETE Change Addition Tille 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City - St - 7/P DELETE 4.1 TITLE Change Addition THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZE 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 6.1 TITLE Change Addition TITUE

14. Log 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

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADORESS

FILED

May 06 1997 8:00am

Secretary of State