

FILED
May 17, 1999 8:00 am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 997000050704 ✓
1. Corporation Name
ROAD TRIP ENTERPRISES, INC.

Principal Place of Business: 2603 GILSON CT. ORLANDO, FL 32835
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified: 1996
4. FEI Number: 59-3455345
Applied For: Not Applicable
5. 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 owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
JOHN TAYLOR, FASSETT, ANTHONY + TAYLOR
ORLANDO, FL 32801

10. Name and Address of New Registered Agent
81. Name: NO CHANGE
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ROBERT F. THOMSON II NAME: PRESIDENT STREET ADDRESS: 2603 GILSON CT. ORLANDO, FL 32801 CITY - ST - ZIP: [] DELETE	1.1 TITLE: [] Change [] Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP:		
TITLE: [] DELETE	2.1 TITLE: [] Change [] Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:		
TITLE: [] DELETE	3.1 TITLE: [] Change [] Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:		
TITLE: [] DELETE	4.1 TITLE: [] Change [] Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:		
TITLE: [] DELETE	5.1 TITLE: [] Change [] Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:		
TITLE: [] DELETE	6.1 TITLE: [] Change [] Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:		

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/30/99 407 420 4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)