

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

FILED

May 13 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 # **S12675** (2)
1. Corporation Name
TRAVEL PLACES, INC.



Principal Place of Business 248 E EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937	Mailing Address 248 E EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937-4874
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 06/27/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-3035805	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 LOIS D. BENTO 248 E EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SIMON	1.2 NAME	
STREET ADDRESS	2598 KINGDOM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBURNE FL 32934	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS D. BENTO	2.2 NAME	
STREET ADDRESS	2833 RIVERVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRELL N. CARLSON	3.2 NAME	
STREET ADDRESS	2833 RIVERVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR B. PERSON,	4.2 NAME	
STREET ADDRESS	401 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32951	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my attachment with an address.

SIGNATURE: *Lois D. Bento* Date: *25 April '97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: *(407) 777-8157*
0104864

CR2E034 (9/96)