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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S16530 (5)

1. Corporation Name  
AFFORDABLE TRAVEL, INC.

Principal Place of Business  
3945 PALM BEACH BLVD.  
FT. MYERS FL 33916

Mailing Address  
3945 PALM BEACH BLVD.  
FT. MYERS FL 33916-3729



3. Date Incorporated or Qualified 11/20/1990  
3a. Date of Last Report 09/13/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0236519		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		Y \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Y Yes X No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ONZO, DAWN  
815 VICTORIA DRIVE  
#108  
CAPE CORAL FL 33904

81 Name
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 607.1508, 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

Signature of officer 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	P	1.1 TITLE	
NAME	BRADY, FREDERICK S	1.2 NAME	
STREET ADDRESS	28301 CROOKED OAK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ESCONDIDO CA 92026	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	MCINTYRE, WILLIAM L	2.2 NAME	
STREET ADDRESS	6457 GUERNSEY AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MALIBU CA 90265	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	V
NAME		3.2 NAME	GRAVES, JAMES S.
STREET ADDRESS		3.3 STREET ADDRESS	28148 DARDENNE ST.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	CALABASAS, CA. 91302
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 or changed, or on an attachment with an address.

SIGNATURE: FREDERICK S. BRADY PRESIDENT 3/4/97 (619) 749-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)