


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

FILED
May 06 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 # S 27710

1. Corporation Name

AROUND THE CLOCK TRAVEL, INC.

Principal Place of Business

Mailing Address

13008 SW 133 ST
SUITE C
MIAMI FL. 33186

13008 SW 133 ST
MIAMI FL. 33186
SUITE C.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/25/91	
State, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0837136	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EILEEN THARKUR
15820 SW 147 AVG
MIAMI FL. 33187

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:

Eileen Tharkur

(Signature required for principal place of business and mailing address)

(NOTE: Registered Agent signature required when reinstating)

4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	DIRECTOR
NAME	THARKUR EILEEN	1.2 NAME	SHARON RUTTY
STREET ADDRESS	15820 SW 147 AVG	1.3 STREET ADDRESS	14770 SW 156 AVG
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	MIAMI FL. 33196
TITLE	VSD	2.1 TITLE	DIRECTOR
NAME	THARKUR GLENROY	2.2 NAME	RODNEY RUTTY
STREET ADDRESS	15820 SW 147 AVG	2.3 STREET ADDRESS	14770 SW 156 AVG
CITY-STATE-ZIP	MIAMI FL.	2.4 CITY-STATE-ZIP	MIAMI FL. 33196
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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:

Eileen Tharkur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Daytime Phone #

CR2E034 (9/96)

CS
5/6/97