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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # S286/ TRAVEL & CRUISES, IN						
Principal Place of Business 7241 NW 4TH BLVD. GAINESVILLE FL 32607		Mailing Address 7241 NW 4TH BLVD. GAINESVILLE FL 32807-1800			•••••••		
				3. Date Incorporated or Qualified 01/30/1991	ς	e of Last Re 24/1996	eport
2. Princ pal P	lace of Business	2a. Mailing Address	***************************************	4. FEI Number			plied For
		26		59-3045276		Not Applicable	
— Saite, Apt. D	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	
2 City & State		Cily & State		& Floation Compaign Floation		Fee Re	
3	(,	28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Addød t	
Zip	Country	Ζιρ	Country	8. This corporation has liability fo	r intangible t		
1	25	29	30	Florida Statutes	Yes 🔼	No	
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New F	Registered A	gent	
MOXLEY, C. CAREY			81 Name				
1924 NW 102ND WAY			82 Street Add	dress (P.O. Box Number is Not Accepta	able)		
GAI	NESVILLE FL 32606		83		, ,		
			84 City		FL	[85] Zip (Code
11. Pursuant office or r	to the provisions of Sections 607 registered agont, or both, in the Section familiary the contribution of	0502 and 607, 1508, Florida State	utes, the above-named cors a authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc		changing It intment as	s registered registered
ageol. La SIGNATURE	Sile larre, typical or printed name of regisser	obligations of Section 68, 0505, I	FIDFICIA Statutes. DTE fingistered Agent signature requ	wked when reinstang)	purpose of country of the appo	-75	7
agent La SIGNATURE 1 2.	in familiar with the Acept the c	obligations of Section Etc. USUS, I	Florida Statutes.	4	purpose of cept the appo	-75	7
agent La SIGNATURE 2.	Signature type to printed name of repseason OFFICERS	of agult and title if applicable (NOS AND DIRECTORS	FIDE Registered Agent signature requests.	wked when reinstang)	purpose of cept the appo	DIRECTOR	Z IS IN 12
agent La SIGNATURE 2. Dif	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY	of agult and title if applicable (NOS AND DIRECTORS	DIE Registered Agent signature requirements. 13. 1.1 TITLE	wked when reinstang)	purpose of cept the appo DATE	DIRECTOR	Z IS IN 12
agent La SIGNATURE 2. THE THEELADORESS	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL	And Directors Delete	DTE Registered Agent signature requirements of the signature requi	wked when reinstang)	purpose of cept the appo	DIRECTOR Change	RS IN 12 Addition
agent ta Signature 2. Dif Dif Dif Street adoress Siy S1-72	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS	of agult and title if applicable (NOS AND DIRECTORS	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	wked when reinstang)	purpose of cept the appo	DIRECTOR	Z IS IN 12
agent ta	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T.	And Directors Delete	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY+ST-ZIP 2.1 TITLE 2.2 NAME	wked when reinstang)	purpose of cept the appo	DIRECTOR Change	RS IN 12 Addition
agent ! a signature 2. Out the Landbers ity si-72 the ame ame ame the Landbers ame ame the Landbers ame the Landbers ame the Landbers ame the Landbers	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	And Directors Delete	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change	RS IN 12 Addition
agent ! a signature 2. Out the adorts s any si-72 the adorts s and the adorts s	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T.	And Directors Delete	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY+ST-ZIP 2.1 TITLE 2.2 NAME	wked when reinstang)	purpose of cept the appo	DIRECTOR Change	RS IN 12 Addition
agent la signature 2. Die sime address sity si-ze site address sity si-ze sith address sity si-ze sity si-ze sity si-ze sity si-ze sity si-ze	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	agen and bite if against the AND DIRECTORS DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	IS IN 12 Addition Addition
agent ta signature 2. The smet address the taddress ty-st-zp	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	agen and bite if against the AND DIRECTORS DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	IS IN 12 Addition Addition
agent ta signature 2. The ame ame ame address ty-sy-zip inte	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	ager, and life if applicable (NOS AND DIRECTIONS) DELETE	DIE Ringissered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	Addition Addition
ageol. La SIGNATURE 12. THE LAME STREEL ADDRESS TY ST-7? THE IAME STREEL ADDRESS TY ST-2P THE IAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	agen and bite if against the AND DIRECTORS DELETE	DIE fingissered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 City-St-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	IS IN 12 Addition Addition
ageol. La SIGNATURE 12. THE LAME STREEL ADDRESS TY ST. 72 THE STREEL ADDRESS TY ST. 70 THE THE LAME STREEL ADDRESS TY ST. 70 THE THE LAME STREEL ADDRESS TY ST. 70 THE THE LAME THE LAME THE LAME THE LAME THE LAME THE LAME	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	ager, and life if applicable (NOS AND DIRECTIONS) DELETE	DIE Regissered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 SIREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	Addition Addition
agent ta signature 12. The same street adoress ty-st-zp the street address ty-st-zp the street address street address street address	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	ager, and life if applicable (NOS AND DIRECTIONS) DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appo	DIRECTOR Change Change	Addition Addition
agent ta signature 2. The same tanders show street and street and street showes street and street showes street and street and street showes street and street and street showes street and street showes street and street showes street and street showes street showes street and street showes stree	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change	Addition Addition Addition
agent ta signature 2. The sheet adoress sity state tabless ty state table tabless ty state tabless tabless ty state tabless ty state tabless tables	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	ager, and life if applicable (NOS AND DIRECTIONS) DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change	Addition Addition
agent ta signature 12. The same street adoress ty-sy-zip the same street adoress ty-sy-zip sireet adoress ty-sy-zip till same sireet adoress ty-sy-zip till same	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE	TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 NAME	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change	Addition Addition Addition
ageol. La signature 2. The same street adoress ty-sy-zp the street adoress	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE	DTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change	Addition Addition Addition
agent ta signature 12. The same street adoress ofy stype off; street address ofy-stype off; sireet adoress offy-stype off; street adoress offy-stype off	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE	TITLE 3 NAME 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change	Addition Addition Addition
agool la signature 2. III stree aoress Sty St 72 IIII stree aoress Sty St 72 IIIII stree aoress Sty St 72 IIII stree aoress Sty St 72 IIIII stree aoress Sty St 72 IIII stree aoress Sty St 74 I	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE DELETE	TIS. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change Change	IS IN 12 Addition Addition Addition Addition Addition
agent. La	OFFICERS DCP MOXLEY, C. CAREY 1924 NW 102ND WAY GAINESVILLE FL DS MOXLEY, JOAN T. 1924 NW 102ND WAY	DELETE DELETE DELETE	TIS. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	uked when reinstating) ADDITIONS/CHANGES TO OFF	purpose of cept the appoint th	DIRECTOR Change Change Change Change	IS IN 12 Addition Addition Addition Addition Addition

SIGNATURE:

FILED

May 12 1997 8:00am

Secretary of State