SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S62894** **(8)**

1. Corporation Name
EDUCATIONAL TRAVEL FOR EVERYONE, INC.

Principal Place of Business
3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

Mailing Address
3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **06/27/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3080583** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
BUTLER, NEIL H.
322 BEARD STREET
TALLAHASSEE FL 32302

10. **Name and Address of New Registered Agent**
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, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required where indicated) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WACKSMAN, JAMES F	
STREET ADDRESS	3380 CAPITAL CIR NE, #2	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	C	☐ DELETE
NAME	KEEN, J VELMA II	
STREET ADDRESS	504 SWEETWATER CLUB CIR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	☐ DELETE
NAME	MILLER, M LANCE	
STREET ADDRESS	302 3RD ST, #1	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	V	☐ DELETE
NAME	FRANCESCHI, LEE ANN	
STREET ADDRESS	2909 IVANHOE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	WACKSMAN, CATHY	
STREET ADDRESS	2644 STONEGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	KEEN, SHARON	
STREET ADDRESS	504 SWEETWATER CLUB CIR	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001902813	☐ Change ☐ Addition
5.2 NAME	-07/24/96--01015--003	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/19/96 — 904 385-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James F. Wacksman