FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92902** **(3)**

1. Corporate Name

LEHIGH ACRES TRAVEL, INC.

Principal Office Address	Mailing Address
1107 HOMESTEAD RD LEHIGH ACRES FL 33936	1107 HOMESTEAD RD LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/08/1991	06/14/1994

4. FEI Number: 65-0291619 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER-KAUMBACH, TAMI 914 HENRY AVE. LEHIGH ACRES FL 33936	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 ______

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BAKER-KAMBACH, TAMI
STREET ADDRESS	914 HENRY AVENUE
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	VP
NAME	CHAMPION, DONALD
STREET ADDRESS	232 CONNECTICUT RD.
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	S
NAME	CHAMPION, DIANE
STREET ADDRESS	232 CONNECTICUT ROAD
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	T
NAME	KALMBACH, DAVID
STREET ADDRESS	914 HENRY AVENUE
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; [ ] Change [ ] Addition) — blank

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)(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 an attachment with an address.

SIGNATURE: Diane L. Champion Mgr. Treas. 4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0334709 CP