


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.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S94773 (6)</b> 1. Corporation Name <b>N.E.W.S. TRAVELS, INC.</b>		
Principal Place of Business <b>1647 E ALFRED ST TAVARES FL 32778 US</b>		Mailing Address <b>1647 E ALFRED ST TAVARES FL 32778 US</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
		3. Date Incorporated or Qualified <b>11/15/1991</b> 3a. Date of Last Report <b>06/13/1995</b> 4. FEI Number <b>59-3091606</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>DUGGAN, J. ROBERT 1029 W MAGNOLIA ST LEESBURG FL 34748</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 when reinstating) (DATE)		
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 1 D <b>KOSMALA, SUSAN B.</b> 1606 HAMPTON RD LEESBURG FL 2 D <b>POWELL, CAROL J.</b> 2702 N DELLWOOD DR EUSTIS FL 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>DOLL, SUSAN B</b> 13 STREET ADDRESS <b>1606 HAMPTON RD</b> 14 CITY - ST - ZIP <b>LEESBURG FL 34748</b> 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP
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 it 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: <u>Carol Powell</u> <b>CAROL POWELL</b> 6/18/96 352-343-6161 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		

CR2E034 (3/96)