

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

FILED
Mar 13 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 # **V01297** (3)
1. Corporation Name
D A TRAVEL & TOURS, INC.



Principal Place of Business 739 SOUTH SEMORAN BLVD. ORLANDO FL 32807	Mailing Address 739 SOUTH SEMORAN BLVD. ORLANDO FL 32807-3121
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1991		3a. Date of Last Report 03/21/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0295538		Applied For <input type="checkbox"/> Not Applicable			
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	25. Country	29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CABRERA, GLORIA A. 739 S. SEMORAN BLVD. ORLANDO FL 32807				10. Name and Address of New Registered Agent			
81. Name							
82. Street Address (P.O. Box Number is Not Acceptable)							
83.							
84. City				85. Zip Code FL			

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABRERA, GLORIA A.			1.2 NAME	YANITZA Goden		
STREET ADDRESS	8509 PEPPERCORN DRIVE			1.3 STREET ADDRESS	8509 Peppercorn Dr		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando FL 32825		
TITLE	VO	<input type="checkbox"/> DELETE		2.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODEN, YANITZA			2.2 NAME	Gloria Cabrera		
STREET ADDRESS	8509 PEPPERCORN DRIVE			2.3 STREET ADDRESS	8509 Peppercorn Dr		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32825		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEMAN, LUISA			3.2 NAME			
STREET ADDRESS	8509 PEPPERCORN DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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: *Sandra B. Mortham* VP 2/28/97 823-8476

CR2E034 (9/96)