

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **V01316** (1)
 1. Corporation Name
NEW SMYRNA TRAVEL, INC.



Principal Place of Business: **301 FLAGLER AVE NEW SMYRNA BEACH FL 32169**
 Mailing Address: **301 FLAGLER AVE NEW SMYRNA BEACH FL 32169-2638**

3. Date Incorporated or Qualified: **12/18/1991**
 3a. Date of Last Report: **04/02/1996**
 4. FEI Number: **59-3096512**
 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

2. Principal Place of Business: **402 Cedar Ave**
 Suite, Apt. #, etc.
 2a. Mailing Address: **402 Cedar Ave.**
 Suite, Apt. #, etc.
 22. City & State: **New Smyrna Beach Fl.**
 27. City & State: **New Smyrna Beach, Fl**
 23. Zip: **32169** Country: **Volusia**
 29. Zip: **32169** Country: **Volusia**

9. Name and Address of Current Registered Agent
TORRENCE, E. THOMAS
301 FLAGLER AVE
NEW SMYRNA BEACH FL 32169

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: _____ DATE: _____
Signature required for name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TORRENCE, E. THOMAS	
STREET ADDRESS	301 FLAGLER AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TORRENCE, E. THOMAS	
STREET ADDRESS	301 FLAGLER AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	402 Cedar Ave
1.4 CITY-ST-ZIP	NEW SMYRNA Bch, Fl. 32169
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	402 Cedar Ave
2.4 CITY-ST-ZIP	New Smyrna Bch, Fl. 32169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **3-25-97** DAYTIME PHONE: **904/409-9714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)