

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

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Apr 23 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 # V10160 (2)

1. Corporation Name
ELITE TRAVEL OF MARTIN COUNTY, INC.

Principal Place of Business 3091 SW MARTIN DOWNS BLVD. PALM CITY FL 34990 US	Mailing Address 3091 SW MARTIN DOWNS BLVD. PALM CITY FL 34990-2644 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1992	3a. Date of Last Report 03/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0308678	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	29	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

CARRINGTON, BRENT E.
131 PALM AVE. 44
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name	PATRICIA J. DERRICKSON
82 Street Address (P.O. Box Number is Not Acceptable)	1864 S.W. SAINT ANDREWS DR.
83	
84 City	PALM CITY, FL
85 Zip Code	34990

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 *Patricia J. Derrickson* (PATRICIA J. DERRICKSON, PRESIDENT 2/3/97) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRINGTON, BRENT E	1.2 NAME	PATRICIA J. DERRICKSON
STREET ADDRESS	131 PALM AVE. #44	1.3 STREET ADDRESS	1864 SW. SAINT ANDREWS DR.
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRINGTON, DONNA M	2.2 NAME	WILLIAM B. DERRICKSON
STREET ADDRESS	131 PALM AVE. #44	2.3 STREET ADDRESS	1864 S.W. SAINT ANDREWS DR
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEPHEN DERRICKSON
STREET ADDRESS		3.3 STREET ADDRESS	1864 SW SAINT ANDREWS DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MICHAEL DERRICKSON
STREET ADDRESS		4.3 STREET ADDRESS	1864 SAINT ANDREWS DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM CITY, FL 34990
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	
NAME		6.2 NAME	3000021533413
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/97--01014--056
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

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: *Patricia J. Derrickson* (PATRICIA J. DERRICKSON 2/3/97 561-288-0020) DATE

CR2E034 (9/96)