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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V29005

(8)

GLOBAL WORLD TRAVEL SERVICES, INC.

FILED
May 13 1997 8:00am
Secretary of State

	ce of Business	Mailing Address			HUN <b>ind</b> a bibii	DIUH DIDA	<b>5()() #8)</b> (	
6300 HAZELTINE NATIONAL DRIVE SUITE 100 ORLANDO FL 32822 US		6300 HAZELTINE NATIONAL DRIVE 100 Orlando fl 32822-5109						
		U\$			3. Date Incorporated or Qualified 04/10/1992		3a. Date of Last Report 05/01/1996	
·1	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number		<del></del>	oplied For
1		26			59-3119526			ot Applicabl
Suite, Apt.		Suite, Apt. #, etc.		••••	5. Certificate of Status Desired	<u></u>	Fee R	Additional equired
City & Sta		City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip ∵n	Country	Zip	Country	<i>,</i>	8. This corporation has liability for in			3. 199.032,
4	25	29	30			Yes 1		
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Re	istered Age	nt	
630 SUI	con, shirley 10 Hazeltine National Drive Ite 100 Lando fl 32822		82 83 84		ress (P.O. Box Number is Not Acceptab		<b>15</b> Zip	Code
SIGNATURE	Stip attern typed or porteo name of registered a				poration submits this statement for the p tion's board of directors. I hereby accep ired when renatating)  ADDITIONS/CHANGES TO OFFIC	DATE		·····
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TREET ADDRESS				ADDRESS				
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IAME	BACON, SHIRLEY		2.2 NAME					
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AAME			62 NAME	ADDRESS:				
STHEET ADDRESS			63 STREET	1				
17Y-S1-7P			6.4 C/TY- S	T-ZIP	1			

4. 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

Sulle Balle 542 BACO

4-25-97 407-851-9998