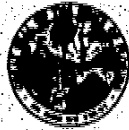


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 12: 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V52850 (7)

1. Corporation Name
AMERICAN TRAVEL GROUP, INC.

Principal Place of Business
**100 INTERNATIONAL PARKWAY
SUITE 118
HEATHROW FL 32746**

Mailing Address
~~100 INTERNATIONAL PARKWAY~~
~~SUITE 118~~
~~HEATHROW FL 32746~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/23/1992** 3a. Date of Last Report **10/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **200 S. Orange Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 2300**

City & State City & State
23 **Orlando, FL**

Zip Country Zip Country
24 **32801** 25 **FL** 29 **32801** 30 **FL**

4. FEI Number **59-3133361** 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

9. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE., #2300
ORLANDO FL 32801**

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

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	D
NAME	GLOVER, EVELYN
STREET ADDRESS	100 INTERNATIONAL PRKWY.
CITY - ST - ZIP	HEATHROW FL
TITLE	D
NAME	SHENDELL, EARL
STREET ADDRESS	100 INTERNATIONAL PRKWY.
CITY - ST - ZIP	HEATHROW FL
TITLE	D
NAME	TOWNSEND, DWIGHT
STREET ADDRESS	4728 TRAIL BEND CIRCLE
CITY - ST - ZIP	FT. WORTH TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DECEASED
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Evelyn Glover* **EVELYN GLOVER**

Feb. 27, 1995 (407) 333-2904