

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

DOCUMENT # V60061 (1)  
1. Corporation Name  
UNITED TRAVEL, INC.

Principal Place of Business 109 S. PARSONS AVE. BRANDON FL	Mailing Address 109 S. PARSONS AVE. BRANDON FL
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/24/1992	
24		29		4. FEI Number 59-3140096	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PARNELL, THOMAS E  
508 W. FLETCHER AVE.  
SUITE 105  
TAMPA FL 33510

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

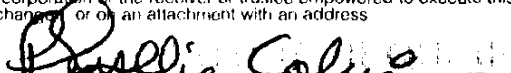
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, PHILLIS M	1.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, THOMAS A	2.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, SABRINA M	3.2 NAME	
STREET ADDRESS	2570 MSINTOSH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREW, SERINA	4.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, THOMAS A II	5.2 NAME	
STREET ADDRESS	534 CHESTNUT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 813-6847551

CR2E034 (10/97)