

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

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Apr 14 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 # **V61817** (5)

1. Corporation Name
SOUTHERN SUNSHINE TOURS, INC.



Principal Place of Business 836 BAYSIDE DR TAMPA FL 33609 US	Mailing Address 836 BAYSIDE DR TAMPA FL 33609-3634 US
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3. Date Incorporated or Qualified 09/03/1992	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-3144623 Applied For Not Applicable	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**PHILLIPS, GEORGE W.
14502 N DALE MABRY
STE 200
TAMPA FL 33618**

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	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	836 BAYSIDE DRIVE	1.2 NAME	
CITY - ST - ZIP	TAMPA FL	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	Change Addition
NAME	WHITAKER, ROBERT D	2.2 NAME	
STREET ADDRESS	836 BAYSIDE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	WHITAKER, ROBERT D JR.	3.2 NAME	
STREET ADDRESS	2575 INDIAN CREST DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PELHAM AL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	WHITAKER, BARRINGTON P	4.2 NAME	
STREET ADDRESS	8233 60TH ST CIRCLE, EAST, APT 601	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	WHITAKER, CAMPBELL S	5.2 NAME	
STREET ADDRESS	14905 LEJEUNE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

 **Robert D. WHITAKER** 4/7/97 813 286-8862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0356272

CR2E034 (9/96)