

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **VO2700** (5)

1. Corporate Name:
SOUTHEAST TRAVEL MARKETING CORPORATION

Principal Place of Business: **1407 ARTHUR AVE. ORLANDO FL 32804**
Mailing Address: **1407 ARTHUR AVE. ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3115903		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 (132), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Officer or Register				2a. Mailing Address			
21				26			
State, Apt. #, etc.				State, Apt. #, etc.			
22				27			
City & State				City & State			
23				28			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILNE-GOETZ, RAE 1407 ARTHUR AVE. ORLANDO FL 32804				B1 Name:			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607 (502) and 607 (508), 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 (508), Florida Statutes.

SIGNATURE: _____
 Title: _____
 Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MILNE-GOETZ, RAE	2. NAME	
3. STREET ADDRESS	1407 ARTHUR AVE.	3. STREET ADDRESS	
4. CITY & STATE	ORLANDO FL	4. CITY & STATE	
5. TITLE	DP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	HARTFIELD, MICHAEL S.	6. NAME	
7. STREET ADDRESS	1100 W. FAIRWAY RD.	7. STREET ADDRESS	
8. CITY & STATE	PEMBROKE PINES FL	8. CITY & STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in tax form 131 (02/94), Florida Statutes. I further certify that the information indicated in 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. This filing is effective as of the date of the corporation's filing or on the date designated to file into this report as required by Chapter 100, Florida Statutes, and that my name appears in the block of block 11 of a changed or an alternate form with an address.

SIGNATURE: **RAE MILNE-GOETZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Rae Milne Goetz 4/27/95
1407 290 6691