

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy B. Marston  
Secretary of State  
CORPORATION DIVISION

APPROVED  
AND  
FILED

95 MAY -1 AM 9:30

DOCUMENT # **K05395**

(4)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOWN UNDER TRAVEL, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address: % RAE GOETZ 1407 ARTHUR AVE. ORLANDO FL 32804		2a. Mailing Address: % RAE GOETZ 1407 ARTHUR AVE. ORLANDO FL 32804		3. Date of Establishment of Corporation: 12/07/1987	3a. Date of Last Report: 04/28/1994
2. Principal Office Telephone: 21	2a. Mailing Address: 26	4. FID Number: 59-2859320		Applied For Not Applicable	
22	27	5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing: Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	7. This corporation has liability for delinquent taxes under: Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent: GOETZ, RAE 1407 ARTHUR AVE. ORLANDO FL 32804		10. Name and Address of New Registered Agent:			
		B1. Name:			
		B2. Street Address (P.O. Box Number is Not Acceptable):			
		B3. City:			
		B4. State:	FL	05	01

11. I, the undersigned, do hereby certify that the above information is true and correct. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein. I understand that I shall be liable for the payment of the filing fee and the filing fee for the corporation named herein. I understand that I shall be liable for the payment of the filing fee and the filing fee for the corporation named herein.

12. SIGNATURE OF REGISTERED AGENT: D GOETZ, RAE 1407 ARTHUR AVE. ORLANDO FL	13. AUTHORIZED SIGNATURE TO BE FILED AND FOR RECORD: D RAE MILNE-GOETZ
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
OFFICE	OFFICE
PHONE	PHONE
FAX	FAX
EMAIL	EMAIL
MOBILE	MOBILE
HOME	HOME
WORK	WORK
OTHER	OTHER

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information is true and correct. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein. I understand that I shall be liable for the payment of the filing fee and the filing fee for the corporation named herein. I understand that I shall be liable for the payment of the filing fee and the filing fee for the corporation named herein.

SIGNATURE: *RAE MILNE-GOETZ* *Rae Milne-Goetz* 407 290-6691  
4/26/95