

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S76395** (0)

1. Corporation Name  
**INTERNATIONAL JOURNEYS, INC.**



Principal Place of Business: **11595 KELLY RD. FT. MYERS FL 33908**  
Mailing Address: **17849 SAN CARLOS BLVD FT MYERS BCH FL 33931 US**

3. Date Incorporated or Qualified: **08/28/1991**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business: 21. **12995 S CLEVELAND AVE** Suite, Apt. #, etc.  
22. **SUITE 117** City & State  
23. **FORT MYERS, FL** Zip, County  
24. **25** 25. **26** 26. **12995 S. Cleveland Ave** Suite, Apt. #, etc.  
27. **SUITE 117** City & State  
28. **FORT MYERS, FL** Zip, County  
29. **33907** 30. **Col**

4. FEI Number: **65-0297272** 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  
**LAGONI, JACK**  
**17849 SAN CARLOS BLVD**  
**FT MYERS BCH FL 33931**

10. Name and Address of New Registered Agent  
81 Name: **JACK R LAGONI**  
82 Street Address (P.O. Box Number is Not Acceptable): **12995 S. CLEVELAND AVE**  
83 **#117**  
84 City: **FT. MYERS** FL 85 Zip Code: **33907**

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: **JACK R. LAGONI** (Print Name) *Jack Ragoni* (Signature) DATE: **2/22/96**

12. OFFICERS AND DIRECTORS

110	<input checked="" type="checkbox"/> V	<input type="checkbox"/> DELETE
NAME	<b>HART, PATRICE M.</b>	
STREET ADDRESS	<b>17849 SAN CARLOS BLVD</b>	
CITY - ST - ZIP	<b>FT MYERS BCH FL</b>	
111	<input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
112	<input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
113	<input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
114	<input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
112 NAME	<b>JACK R. LAGONI</b>
113 STREET ADDRESS	<b>13627 PINE VILLA RD.</b>
114 CITY - ST - ZIP	<b>FT MYERS FL 33912</b>
211 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
212 NAME	
213 STREET ADDRESS	
214 CITY - ST - ZIP	
311 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
312 NAME	
313 STREET ADDRESS	
314 CITY - ST - ZIP	
411 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
412 NAME	
413 STREET ADDRESS	
414 CITY - ST - ZIP	
511 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
512 NAME	
513 STREET ADDRESS	
514 CITY - ST - ZIP	
611 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
612 NAME	
613 STREET ADDRESS	
614 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 119.07(3)(k), 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 of an attachment with an address.

SIGNATURE: *Jack Ragoni* DATE: **2/22/96** DAYTIME PHONE # **481-6815**

CR2E034 (12/95)