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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 712026 (4)
1. Corporation Name
**INTERNATIONAL VISITORS COUNCIL OF CENTRAL FLORIDA
A, INC.**

Principal Place of Business Mailing Address
**1400 W FAIRBANKS, 102
P.O BOX 1311
WINTER PARK FL 32789-1299**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1966** 3a. Date of Last Report **08/11/1994**

4. FEI Number **59-1837575** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, 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

**CHASTANG, LAWRENCE J.
1400 W. FAIRBANKS, #102
32789**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD KING, LENI
NAME	5287 MAJOR BLVD #607
STREET ADDRESS	ORLANDO FL
CITY - ST - ZIP	
TITLE	ED WOOD, LORRAINE
NAME	6253 WESTGATE CRL #1406
STREET ADDRESS	ORLANDO FL
CITY - ST - ZIP	
TITLE	S FILER, PATRICIA T.
NAME	1461 GROVE TERRACE
STREET ADDRESS	WINTER PARK FL
CITY - ST - ZIP	
TITLE	T CHASTANG, LAWRENCE J. (T)
NAME	1400 W FAIRBANKS AV #102
STREET ADDRESS	WINTER PARK FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jittu, Daniel D. (D)
1.3 STREET ADDRESS	2520 N. Country Road
1.4 CITY - ST - ZIP	Longwood, FL 32750
2.1 TITLE	1st. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marshall, III, John R. (D)
2.3 STREET ADDRESS	4619 Derry Court
2.4 CITY - ST - ZIP	Orlando, FL 32817
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sands, Fenton B. (D)
3.3 STREET ADDRESS	3762 Silver Rose Court
3.4 CITY - ST - ZIP	Orlando, FL 32808
4.1 TITLE	
4.2 NAME	100001531821
4.3 STREET ADDRESS	-07/07/95--01027--002
4.4 CITY - ST - ZIP	*****61.25 *****61.25
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 registered agent empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____ TREXBURER 7/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #