

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-1299</b>	Mailing Address <b>1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-7171</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/28/1966</b>		3a. Date of Last Report <b>07/10/1996</b>	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>59-1837575</b>		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>CHASTANG, LAWRENCE J. 1400 W. FAIRBANKS, #102 WINTER PARK FL 32789</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number Is Not Acceptable)							
83							
84 City				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JITTU, DANIEL D	1.2 NAME	JITTU, DANIEL D,
STREET ADDRESS	2520 N. COUNTRY ROAD	1.3 STREET ADDRESS	120 INTERNATIONAL PARKWAY, SUITE 264
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	1VPD	2.1 TITLE	3VPD
NAME	MARSHALL, JOHN R III	2.2 NAME	CORPUZ, ROLAND
STREET ADDRESS	4619 DERRY COURT	2.3 STREET ADDRESS	7400 INTERNATIONAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	ORLANDO, FL 32747
TITLE	SD	3.1 TITLE	SD
NAME	FENTON, SANDS B	3.2 NAME	GEHRI, PATRICIA
STREET ADDRESS	3762 SILVER ROSE COURT	3.3 STREET ADDRESS	INTERNATIONAL AVIATION PURSER, RET.
CITY-ST-ZIP	ORLANDO FL 32808	3.4 CITY-ST-ZIP	120 HIDDEN OAK DRIVE
TITLE	T	4.1 TITLE	
NAME	CHASTANG, LAWRENCE J.	4.2 NAME	
STREET ADDRESS	1400 W FAIRBANKS AV #102	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 5/1/97 407-629-1914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*0012478

CR2E037 (9/96)