

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712026 (4)
 1. Corporation Name
INTERNATIONAL VISITORS COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business 1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-1299	Mailing Address 1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-1299
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3. Date Incorporated or Qualified 12/28/1966	
4. FEI Number 59-1837575	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Zip	30. Country

9. Name and Address of Current Registered Agent
CHASTANG, LAWRENCE J.
1400 W. FAIRBANKS, #102
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JITTU, DANIEL D
STREET ADDRESS	120 INTERNATIONAL PARKWAY, SUITE 264
CITY-ST-ZIP	HEATHROW FL
TITLE	1VPD <input checked="" type="checkbox"/> DELETE
NAME	CORPUZ, ROLAND
STREET ADDRESS	7400 INTERNATIONAL DR
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GEHRI, PATRICIA
STREET ADDRESS	120 HIDDEN OAKS DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CHASTANG, LAWRENCE J.
STREET ADDRESS	1400 W FAIRBANKS AV #102
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHANK, GEORGE
1.3 STREET ADDRESS	2300 MAITLAND CENTER PARKWAY, #102
1.4 CITY-ST-ZIP	MAITLAND, FL 32751
2.1 TITLE	1VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEHRI, PATRICIA
2.3 STREET ADDRESS	120 HIDDEN OAKS DR
2.4 CITY-ST-ZIP	LONGWOOD, FL
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACKWOOD, JOHN
3.3 STREET ADDRESS	200 W. COUNTY HOME ROAD
3.4 CITY-ST-ZIP	SANFORD, FL 32773
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 empowered 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: _____ **4/2/98 629-1944**

CR2E037 (10/97)