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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F42106** (7)

1. Corporation Name
INTERNATIONAL TRAVEL CORRESPONDENCE, INC.

Principal Place of Business	Mailing Address
200 E BROWARD BLVD. 15TH FL P.O BOX 1900 FT LAUDERDALE FL 33301	JANET STEINBERG 200 E BROWARD BLVD. 15TH FL P.O BOX 1900 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

900 ADAMS CROSSING	JANET STEINBERG 900 ADAMS CROSSING
2. Principal Place of Business	2a. Mailing Address
21 SUITE 9200	26 SUITE 9200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 CINCINNATI OH	27 CINCINNATI, OH
City & State	City & State
23 45202 USA	28 45202
Zip / Country	Zip / Country
24 / 25	29 / 30 USA

3. Date Incorporated or Qualified: 08/26/1981
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0129823 ☐ 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

SOMERSTEIN, BARRY E.
200 E BROWARD BLVD 1ST FLR
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINBERG, JANET	1.2 NAME	
STREET ADDRESS	900 ADAMS CROSSING	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINNENNATI OH	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAZAROW, JODY	2.2 NAME	
STREET ADDRESS	290 POAGE FARM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45215	2.4 CITY-ST-ZIP	
TITLE	SDV	3.1 TITLE	☐ Change ☐ Addition
NAME	SOMERSTEIN, SUSAN	3.2 NAME	
STREET ADDRESS	784 MIDDLE RIVER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Steinberg 1/14/95 (513)241-1093
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JANET STEINBERG

020010 CR