

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L26172 (1)
 1. Corporation Name
TRAVEL HOUSE OF AMERICA, INC.



| | |
|--|--|
| Principal Place of Business ORANGE BANK BLDG., SUITE 410 5401 KIRKMAN ROAD ORLANDO FL 32819-7937 | Mailing Address ORANGE BANK BLDG., SUITE 410 5401 KIRKMAN ROAD ORLANDO FL 32819-7940 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 10/27/1989 | 3a. Date of Last Report 02/02/1996 |
| 4. FEI Number 59-3223781 | Applied For <input type="checkbox"/> 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 5401 KIRKMAN RD Suite, Apt. #, etc. 22 700 | 2a. Mailing Address 26 5401 KIRKMAN RD Suite, Apt. #, etc. 27 700 |
| City & State 23 ORLANDO FL | City & State 28 ORLANDO FL |
| Zip 24 32819 | Country 25 ORANGE |
| Zip 29 32819 | Country 30 ORANGE |

9. Name and Address of Current Registered Agent
**PATTILO, JOHN T., ESQ.
 ATTORNEY AT LAW
 243 WEST PARK AVENUE
 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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MACKNESS, PETER | |
| STREET ADDRESS | 5401 KIRKMAN ROAD, #410 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DESROCHERS, JOSEE | |
| STREET ADDRESS | 5401 KIRKMAN ROAD, #410 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DESROCHERS, JOSEE | |
| STREET ADDRESS | 5401 KIRKMAN RD. #410 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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 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: Josee Desrochers **JOSEE DESROCHERS** 1-3-97 407-351-3823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)