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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 521058

(8)

INTERNATIONAL TRAVEL ASSOCIATES, INC.

## **FILED** Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					) indige frite ridet einit barer eiret istil bist	( 85854 B1841 B1811 B1811 B1811 1881	
5141 SEMINOLE BLVD 5141 SEMINOLE BLVD							
ST PETERSBURG FL 33708 ST PETERSBURG FL 3370			3708		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					01/01/1977		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1706601	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
27					g. Communication of Section Provides	Fee Required	
	City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be	
23 Zin	Country Zip		Count		Trust Fund Contribution	Added to Fees	
Zip 24	25 29 30		<del></del>	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
24	9, Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
TO	NI VAN PELT		8	1 Name	10	To Tigoth	
	41 <b>SEMINOLE</b> BLVD.		L				
3141 GEMINOLE BLAD.			6	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
ST	. PETERSBURG FL 33708		8	3	·····		
3,	. PETENODONO PE 30700		ļ				
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the abo	ve-named co	orporation submits this statement for the purpo	se of changing its registered	
agent la	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, f	s authorizea Florida Statut	by the corpo es.	ration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent si				gont signature rec			
12.	CTD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
NAME	ROESS, MARTIN J	- Detect	1.2 NAM	. [	CTD	Charge Haonton	
STREET ADDRESS	4450 GULF BLVD. APT 312			ET ADORESS	CILL MARTH T		
	AT ATTERABLISM TO ASSAULT			C7 710	COES, MORTH J 54 IN ALOHO DC TO PAK BCH, FL 33706		
CITY-\$T-ZIP TITLE	PSD PSD	DELETE	1.4 CITY 2.1 TITLE	S1-ZIP	11 TALE BON PER DITOR	Change Addition	
NAME	VAN PELT, TONI		22 NAM	. 1			
STREET ADDRESS	11280 FREEDOM CT						
CITY-ST-ZIP	SEMINOLE, FL 00000		2.4 CITY	. ST. 7/D	33772	/	
TITLE	VPD	DELETE	3.1 Till.8	31-211	JON	Change Addition	
NAME	ROESS, ALICE	<del></del>	3.2 NAM		docum Aurof.		
STREET ADDRESS	4450 GULF BLVD., APT. 312			T ADDRESS	WE KILL KVED ATT 3 W		
CITY - ST - ZIP	ST. PETERSBURG BEACH FI		3.4. CITY	-ST-ZIP	JAD LOENS ALICE WE KIND AH JAN IN THISBUR ANDUH, FL 33706		
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	<u>.</u>			
STREET ADDRESS				ET ADORESS		)	
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	T ADDRESS		Ì	
CITY-ST-ZIP			5.4 C(TY				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 S1RE	1 ADDRESS			
_CfTY-ST-ZIP			6.4 CITY	\$3.70			

14. Thereby 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 trusted 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 at attaching in with an address.

3/2/98

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