

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

**FILED**

**May 09 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 642036 (8)**  
1. Corporation Name  
**PROFESSIONAL TRAVEL SYSTEMS OF AMERICA, INC.**



Principal Place of Business  
**535 CENTRAL AVENUE  
SUITE 300  
ST. PETERSBURG FL 33701  
US**

Mailing Address  
**17755 US HIGHWAY 19 N  
#150  
CLEARWATER FL 34624-6500  
US**

3. Date Incorporated or Qualified  
**10/15/1979**

3a. Date of Last Report  
**08/06/1996**

2. Principal Place of Business  
**21 19215 CRESCENT ROAD**  
Suite, Apt. #, etc.  
**22 # 100**  
City & State  
**23 ODESSA, FLORIDA**  
Zip  
**24 33556**

2a. Mailing Address  
**26**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29**

4. FEI Number  
**59-1940969**

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**

**FOERSTER LUDWIG  
2821 COVE CAY DR. #501  
CLEARWATER FL 34620**

**10. Name and Address of New Registered Agent**

81 Name  
**FOERSTER, LUDWIG**

82 Street Address (P.O. Box Number is Not Acceptable)  
**19215 CRESCENT ROAD**

83

84 City  
**ODESSA**

85 Zip Code  
**FL 33556**

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 ☐ DELETE  
NAME **P FOERSTER, LUDWIG**  
STREET ADDRESS **2821 COVE CAY DR. #501**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME **VTS FOERSTER, INGEBORG**  
STREET ADDRESS **2821 COVE CAY DR. #501**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☒ Change ☐ Addition  
NAME **P FOERSTER, LUDWIG**  
1.2 NAME  
1.3 STREET ADDRESS **19215 CRESCENT ROAD**  
1.4 CITY-ST-ZIP **ODESSA, FL 33556**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VTS**  
2.3 STREET ADDRESS **FOERSTER, INGEBORG**  
2.4 CITY-ST-ZIP **19215 CRESCENT ROAD**  
**ODESSA, FL 33556**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/29/97** **813-926-8005**  
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)