

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 712026 (4)  
1. Corporation Name

INTERNATIONAL VISITORS COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address  
1400 W FAIRBANKS, 102 1400 W FAIRBANKS, 102  
P.O BOX 1311 P.O BOX 1311  
WINTER PARK FL 32789-1299 WINTER PARK FL 32789-1299

3. Date Incorporated or Qualified 12/28/1966 3a. Date of Last Report 07/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1837575	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CHASTANG, LAWRENCE J.  
1400 W. FAIRBANKS, #102  
WINTER PARK FL 32789

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JITTU, DANIEL D	1.2 NAME	
STREET ADDRESS	2520 N. COUNTRY ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	1.4 CITY - ST - ZIP	
TITLE	1VPD	2.1 TITLE	
NAME	MARSHALL, JOHN R III	2.2 NAME	
STREET ADDRESS	4619 DERRY COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32817	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	FENTON, SANDS B	3.2 NAME	
STREET ADDRESS	3762 SILVER ROSE COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32808	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	CHASTANG, LAWRENCE J.	4.2 NAME	
STREET ADDRESS	1400 W FAIRBANKS AV #102	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(k), 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 addition with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003905

CR2E037 (3/96)