

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-1299	Mailing Address 1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-7171
--	--

3. Date Incorporated or Qualified 12/28/1966	3a. Date of Last Report 07/10/1996
4. FEI Number 59-1837575	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CHASTANG, LAWRENCE J.
1400 W. FAIRBANKS, #102
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JITTU, DANIEL D	
STREET ADDRESS	2520 N. COUNTRY ROAD	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	1VPD	<input type="checkbox"/> DELETE
NAME	MARSHALL, JOHN R III	
STREET ADDRESS	4819 DERRY COURT	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FENTON, SANDS B	
STREET ADDRESS	3762 SILVER ROSE COURT	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHASTANG, LAWRENCE J.	
STREET ADDRESS	1400 W FAIRBANKS AV #102	
CITY - ST - ZIP	WINTER PARK FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JITTU, DANIEL D,	
1.3 STREET ADDRESS	120 INTERNATIONAL PARKWAY, SUITE 264	
1.4 CITY - ST - ZIP	HEATHROW, FL 32746	
2.1 TITLE	3VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORPUZ, ROLAND	
2.3 STREET ADDRESS	7400 INTERNATIONAL DRIVE	
2.4 CITY - ST - ZIP	ORLANDO, FL 32747	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEHRI, PATRICIA	
3.3 STREET ADDRESS	INTERNATIONAL AVIATION PURSFR, RET.	
3.4 CITY - ST - ZIP	120 HIDDEN OAKS DRIVE LONGWOOD, FL 32739	
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 employed 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 attachment with an address.

SIGNATURE: _____ DATE: **5/1/97** DAYTIME PHONE: **407-629-1914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)