

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 846955 (3)

1. Corporation Name

THOMSON HOLIDAYS SERVICES INC.



Principal Place of Business

Mailing Address

6412 INTERNATIONAL DR
ORLANDO FL 32819
US

6412 INTERNATIONAL DR
ORLANDO FL 32819
US

3. Date Incorporated or Qualified

09/15/1980

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 5128 MAJOR BLVD

26 5128 MAJOR BLVD

Suite, Apt. #, etc.

22 SUITE 528

Suite, Apt. #, etc.

27 SUITE 528

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32819

Country

Zip

29 32819

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE. 105
TALLAHASSEE FL 32301

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 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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BROWN, CHARLES P.
HAMPSTEAD RD., GR.LOND.HS
LONDON, ENGLAND

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HARRIS, MICHAEL S
ONE STATION PLACE
STAMFORD CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PARKINS, DAVID
HAMPSTEAD RD., GR.LOND.HS
LONDON, ENGLAND

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
SCHROEDER, JAMES
ONE STATION PL
STAMFORD CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MOLLINGHOFF, PAT
6412 INTERNATIONAL DR
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 attachment with an address.

SIGNATURE:

P. Mollinghoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/1996

407 845 0811

(DATE)

Daytime Phone

CR2E034 (3/96)