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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90033 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F03077

1. Corporation Name

CARLSON TRAVEL AGENTS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

9887 FOURTH STREET NO.
 P.O. BOX 31005
 ST. PETERSBURG FL 33702
 US

P. O. BOX 42008
 C/O TAX DEPT
 MINNEAPOLIS MN 55459-8250
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1980

4. FEI Number

59-2028808

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 owes the current year Intangible Personal Property Tax. Yes 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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEVES, ROBERT H
 9887 FOURTH STREET NORTH
 P. O. BOX 42008
 ST. PETERSBURG FL 33742

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	C	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CURTIS L	
STREET ADDRESS	9887 FOURTH ST. NO, BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BATT, MICHAEL	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MYHR, PAM	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	DIGNAN, JOHN	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEARMON, LEE	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMANN, D.M.	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nelson, Marilyn C.	
1.3 STREET ADDRESS	12755 State Hwy 55	
1.4 CITY-ST-ZIP	Minneapolis MN 55441	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrel M. Hamann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann 4/27/99 612-212-2920

Date Daytime Phone #

CR2E034 (11/98)