

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F35135** (5)
1. Corporation Name
FIRST TRAVEL SYSTEMS, INC.

Principal Place of Business
**9887 FOURTH STREET NO.
ST. PETERSBURG FL 33702
US**

Mailing Address
**P. O. BOX 42008
ST. PETERSBURG FL 33742-4008
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1981	
21 Suite, Apt. #, etc.	26 PO Box 59159	4. FEI Number 59-3000780		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 Attn: Tax Department	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Minneapolis	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Added to Fees	
24 Country	29 5459-8250	30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REEVES, ROBERT H
9887 FOURTH STREET NO.
P. O. BOX 42008
ST. PETERSBURG FL 33742**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	CPD	1.1 TITLE	President
NAME	BLOCK, ROGER E.	1.2 NAME	Michael Batt
STREET ADDRESS	9887 FOURTH STREET NO. BOX 42008	1.3 STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Minneapolis, MN 55441
TITLE	V	2.1 TITLE	Vice President-Tax
NAME	REEVES, ROBERT H.	2.2 NAME	Darrel M. Hamann
STREET ADDRESS	9887 FOURTH STREET NO. BOX 42008	2.3 STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Minneapolis, MN 55441
TITLE	S	3.1 TITLE	Vice President-CFO
NAME	SHARPE, JOAN F.	3.2 NAME	John M. Dignan
STREET ADDRESS	9887 FOURTH STREET NO. BOX 42008	3.3 STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	Minneapolis, MN 55441
TITLE		4.1 TITLE	Secretary
NAME		4.2 NAME	Gerald Hogan
STREET ADDRESS		4.3 STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Minneapolis, MN 55441
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 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.

SIGNATURE:

D.M. Hamann D.M. Hamann VP-Tax 4-28-98 612/540-5882

CR2E034 (10/97)