FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73757 (3)

1. Corporation Name
TRAVEL AGENTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~111 SECOND AVE NE 15TH FLOOR~~ ~~P.O. BOX 01605~~ ~~ST. PETERSBURG FL 33701-5605~~	~~111 SECOND AVE NE 15TH FLOOR~~ ~~P.O. BOX 01605~~ ~~ST. PETERSBURG FL 33701-5605~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 9887 Fourth Street No.	26 P.O. Box 42008
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 St.Petersburg, FL	28 St.Petersburg, FL
24 Zip 33702 / 25 Country Pinellas	29 Zip 33742-4008 / 30 Country Pinellas

4. FEI Number: 59-3000782 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REEVES, ROBERT H ~~111 2ND AVE NE 15TH FL~~ ~~ST PETERSBURG FL 33701~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9887 Fourth Street No. 83 P.O. Box 42008 84 City St.Petersburg FL 85 Zip Code 33742-4008

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, ROGER E.	1.2 NAME		
STREET ADDRESS	~~111 2ND AVE NE 15TH FL~~	1.3 STREET ADDRESS	9887 Fourth St.No., Box 42008	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	1.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008	
TITLE	~~SVP~~	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	BLOCK, VICTORIA M.	2.2 NAME		
STREET ADDRESS	~~111 2ND AVE NE 15TH FL~~	2.3 STREET ADDRESS	9887 Fourth St.No., Box 42008	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008	
TITLE	~~ST~~	3.1 TITLE	S	☐ Change ☐ Addition
NAME	SHARPE, JOAN F.	3.2 NAME		
STREET ADDRESS	~~111 2ND AVE NE 15 FL~~	3.3 STREET ADDRESS	9887 Fourth St.No., Box 42008	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008	
TITLE	~~SVP~~	4.1 TITLE	V	☐ Change ☐ Addition
NAME	REEVES, ROBERT H.	4.2 NAME		
STREET ADDRESS	~~111 2ND AVE NE 15TH FLOOR~~	4.3 STREET ADDRESS	9887 Fourth St.No., Box 42008	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	4.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/20/95 813/576-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031203 CR