

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 # J73757 (3)
1. Corporation Name
TRAVEL AGENTS INTERNATIONAL, INC.



Principal Place of Business
9887 FOURTH STREET NO.
P.O. BOX 31005
ST. PETERSBURG FL 33702
US

Mailing Address
P.O. BOX 42008
ST. PETERSBURG FL 33742-008
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 PO Box 59159 Suite, Apt. #, etc. 27 Attn: Tax Department City & State 28 Minneapolis Zip 29 55459-8250 Country 30 USA		3. Date Incorporated or Qualified 05/15/1987	4. FEI Number 59-3000782	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 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 33742-4008

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 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLOCK, ROGER E.			1.2 NAME	Michael Batt		
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008			1.3 STREET ADDRESS	12755 State Hwy 55		
CITY-ST-ZIP	ST PETERSBURG FL 08			1.4 CITY-ST-ZIP	Minneapolis, MN 55441		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President-Tax	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLOCK, VICTORIA M.			2.2 NAME	Darrel M. Hamann		
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008			2.3 STREET ADDRESS	12755 State Hwy 55		
CITY-ST-ZIP	ST PETERSBURG FL 08			2.4 CITY-ST-ZIP	Minneapolis, MN 55441		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Vice President-CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHARPE, JOAN F.			3.2 NAME	John M. Dignan		
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008			3.3 STREET ADDRESS	12755 State Hwy 55		
CITY-ST-ZIP	ST PETERSBURG FL 08			3.4 CITY-ST-ZIP	Minneapolis, MN 55441		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REEVES, ROBERT H.			4.2 NAME	Gerald Hogan		
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008			4.3 STREET ADDRESS	12755 State Hwy 55		
CITY-ST-ZIP	ST PETERSBURG FL 08			4.4 CITY-ST-ZIP	Minneapolis, MN 55441		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 it were made by me; 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: [Signature] **ID-Tax** **4-78-58** **12/25/96-5883**

CR2E034 (10/97)