

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J73757

1. Corporation Name

TRAVEL AGENTS INTERNATIONAL, INC.

Principal Place of Business

P O BOX 59159
ATTN TAX DEPT
MINNEAPOLIS MI 55459-8250
US

Mailing Address

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90181 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1987

4. FEI Number

59-3000782

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 P O Box 59159

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

29 Minneapolis MN

24 Zip

25 Country

29 Zip

55459-8250

30 Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEVES, ROBERT H
9887 FOURTH STREET NO.
P.O. BOX 42008
ST PETERSBURG FL 33742-4008

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 P
NAME BATT, MICHAEL
STREET ADDRESS 12755 S HWY 55
CITY-ST-ZIP MINNEAPOLIS MN 55441

☐ DELETE

TITLE VP
NAME HAMANN, DARREL M
STREET ADDRESS 12755 S HWY 55
CITY-ST-ZIP MINNEAPOLIS MN 55441

☐ DELETE

TITLE VP
NAME DIGNAN, JOHN M
STREET ADDRESS 12755 S HWY 55
CITY-ST-ZIP MINNEAPOLIS MN 55441

☐ DELETE

TITLE S
NAME HOGAN, GERALD
STREET ADDRESS 12755 S HWY 55
CITY-ST-ZIP MINNEAPOLIS MN 55441

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

612-212-2920

Daytime Phone #

CR2E034 (1/98)