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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001525 (5)**

1. Corporation Name

**INTERNATIONAL TRAVEL SERVICES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7200 LAKE ELLENOR DR.  
STE. 150  
ORLANDO FL 32809  
US**

**7200 LAKE ELLENOR DR.  
STE. 150  
ORLANDO FL 32809  
US**

3. Date Incorporated or Qualified

**04/05/1993**

4. FEI Number

**59-3178859**

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLES, GARY  
215 NORTH EOLA DR.  
ORLANDO FL 32801**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☒ DELETE

NAME **ESTORINO, JOSE**  
STREET ADDRESS **6149 CHNCELLOR DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **HECKMAN, RAY**  
STREET ADDRESS **737 W. OAKRIDGE RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **TATE, BILL**  
STREET ADDRESS **2435 ORLANDO CENTRAL PARKWAY**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DT** ☐ DELETE

NAME **PEREYRA, DANIEL**  
STREET ADDRESS **7400 INTERNATIONAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS** ☐ DELETE

NAME **CARBONE, ANTONIO C**  
STREET ADDRESS **444 BRICKELL AVE, STE. M-128**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **CARNS, CHARLES E JR.**  
STREET ADDRESS **324 W. GORE STREET**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition

1.2 NAME **SHEEHAN, SHEILA**  
1.3 STREET ADDRESS **7041 GRAND NATIONAL DR., SUITE 600**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32819**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **HECKMANN, RAY**  
2.3 STREET ADDRESS **737 W. OAKRIDGE RD**  
2.4 CITY-ST-ZIP **ORLANDO, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **PEREYRA, DANIEL**  
4.3 STREET ADDRESS **7400 INTERNATIONAL DRIVE**  
4.4 CITY-ST-ZIP **ORLANDO, FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **CARBONE, ANTONIO C.**  
5.3 STREET ADDRESS **444 BRICKELL AVE, STE. M-128**  
5.4 CITY-ST-ZIP **MIAMI, FL**

6.1 TITLE **DS** ☒ Change ☐ Addition

6.2 NAME **PERSONS, ELLEN**  
6.3 STREET ADDRESS **7680 REPUBLIC DRIVE, SUITE 170**  
6.4 CITY-ST-ZIP **ORLANDO, FL 32819**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

(407) 859-5712

Daytime Phone # 0016842

CR2E037 (10/97)