

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90074 018 ****70.00

DOCUMENT # N93000001525

1. Corporation Name

INTERNATIONAL TRAVEL SERVICES ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

59-3178859

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

9. Name and Address of Current Registered Agent

SOLES, GARY
215 NORTH EOLA DR.
ORLANDO FL 32801

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 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 **DT** ☐ DELETE
NAME **SHEEHAN, SHEILA**
STREET ADDRESS **7041 GRAND NATIONAL DR STE 600**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ DELETE
NAME **HECKMANN, 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 **D** ☒ DELETE
NAME **PEREYRA, DANIEL**
STREET ADDRESS **7400 INTERNATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **DS** ☐ DELETE
NAME **PERSONS, ELLEN**
STREET ADDRESS **7680 REPUBLIC DR STE 170**
CITY-ST-ZIP **ORLANDO FL 32819**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Board Member
Jose Gomez
2655 LeJeune Road Suite 914
Coral Gables, FL 33134

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/99

407 345-5119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0017513