FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

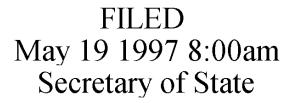
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

N93000002842 (3) DOCUMENT #

CENTRAL FLORIDA TRAVEL AGENCIES ASSOCIATION, INC





•							
Principal Place of Business Mailing Address 1027 N. ORANGE AVE. WINTER PARK FL 32789 WINTER PARK FL 32789-4708					T TORNIGE BIE 10169 WEN ODDE BOIN SOUN SOUN STOLE BIEL BEIL BEIL BEIL BEIL BEIL BEIL BE		
					3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last R 08/12/199	eport 6
2. Principal Place of Business 2a. Malling Address					4. FEI Number	[Ap	plied For
21		26		59-3193946		t Applicable	
Suite, Ap	t. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required		
City & Sta	ale	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip Country		Zip Country		iry	8. This corporation has liability for intangible tax under s. 199.032,		
24	26	29	30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
			18	1 Name			
	WALTER R		Ē	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
1218 E. ROBINSON STREET ORLANDO FL 32801			 	3			
UNDANI	DO FL 32801						······································
			6	4 City		FL 65 Zip (Code
agent. I					poration submits this statement for the patient's board of directors. I hereby acception when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITL	[]		Change	☐ Addition
NAME	MILLER, LLOYD G JR		1.2 NAN	E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	WINTER PARK FL VD	DELETE	1.4 CITY 2.1 TITU	-ST-ZIP		Change	Addition
NAME	,	70.70				June Onlingo	
STREET ADDRESS	JAARA LININ PRODUCTIVE BUILD		2.2 NAM 2.3 STA	ET ADDRESS		4	
CITY - ST - ZIP	ORLANDO FL			(-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITL			Change	☐ Addition
NAME	LAWSON, STEVE		3.2 NAM	·		4 g *	
STREET ADDRESS		•	1	ET ADDRESS	•		
CITY-S1-ZiP	FERN PARK FL D	DELETE	3.4. CIT 4.1 YITL	(-ST-ZIP		Change	Addition
NAME	ROPER, BARBARA	parete	4.1 MA			Fried County (\$0	المارون الم
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP	WINTER GARDEN FL			-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITL			Change	Addition
NAME	GREEN, BETSY		5.2 NAM				
STREET ADDRESS			ľ	ET ADORESS			
CITY - ST - ZIP	MAITLAND FL	DELETE		-ST-ZIP	·	Change	☐ Addition
TITLE NAME		□ bereit	6.1 TITL 6.2 NAM	- 1		C) cliquige	FILL MOURDS
STREET ADDRESS				ET ADDRESS	T.		
CITY-ST-ZIP			4	-ST-ZIP			
14. I do her	eby certify that the information supplie	ed with this filing does not qua	lify for the e	xemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the

trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block 15

Daytime Phone #0012448

Date