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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

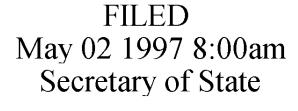
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00272

(5)

TRAVEL PROFESSIONALS INTERNATIONAL LICENSING COMPANY





Principal Place	of Business	Mailing Address				}				
10172 LINN ST		10172 LINN STATION RO	AD							
SUITE 360		SUITE 360	n.v							
LOUISVILLE KY 40223		LOUISVILLE KY 40223-5603			3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996			7		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26							Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be				
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Coun			8. This corporation has liability for in				
24	9. Name and Address of Current	29	30	1		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		r negistered Agent		81	Name	10. Name and Address of New Het	JISTOLOU N	Aanı		
	CORPORATION SYSTEM									
	S. PINE ISLAND ROAD			82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33324			83	·			···		
				84	City		FL	85 Z	ip Code	
11. Pursuant t	o the provisions of Soctions 607.0507 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida Such charge was	les, the a	bove d by	p-named co the corpor	orporation submits this statement for the po- ation's board of directors. Thereby accep		LLL changin pintment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ages	·				rejected as a picture.	DATE			
12.	Signature, typed of princed harder of registers ago. OFFICERS AND		13.	o Age	int signature ret	puired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	\dashv_i
TITLE	PD	DELETE	1.1 1	ITLE		ADDITIONO/CHANGEO TO OFFIC	LITO AIND	Chan		} n }
NAME	VERNON, JAMES C.		12 NAM					_	_]
STREET ADDRESS	10172 LINN STATION ROAD	' '			ADDRESS					
CITY-ST-ZIP	LOUISVILLE KY		1.4 CI							5
TITLE	\$D	DELETE	2.1 To					Chang	ge Addition	
NAME	STRENECKY, BERNARD J.		2.2 N	IAME						
STREET ADDRESS	10172 LINN STATION ROAD	235			ADDRESS	j.	j.k			
CITY-ST-ZIP	LOUISVILLE KY			OHY-S	51 - ZIP					
TITLE	D	☐ DELETE	DELETE 3.1 TH					Chang	ge Addition	า
NAME	BUSH, CHARLES O.		3.2 NAME							
STREET ADDRESS	419 WALMAC	335		TREET	ADORESS					
CITY-ST-ZIP	FRANKFORT KY			017 Y - S	S1-ZIP					
TITLE	D	☐ DELETE	4.1 MILE					☐ Chan	ge 🔲 Addition	ו ו
NAME	ALLEN, NOLEN		4. 2 NAM							-
STREET ADDRESS	200 S 5TH ST		43 STR		ADDRESS					
CITY-ST-ZIP	LOUISVILLE KY		4A C(1)Y-		1-2IP					\perp
TITLE	D	☐ DELETE	5.1 T					Chang	ge 🔲 Addition	ı
NAME	BOTTOMS, GLEN		52 N	IAME						
STREET ADDRESS	980 TAYLOR RD		5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	FRANKFORT KY		and the same of the same	HTY-S	1-2(P					_
TITLE		L DELETE	6.11					Chang	ge 🔲 Additio	j
NAME			62 N							
STREET ADDRESS	\sim				ADDRESS					
City-St-ZiP		ducity this filter deep and any		11Y-S		ed in Coation 140 07/01/2 Florida Co	(f			_
14. I do nérét	y certify that the information supplied	i with this filing does not qua	my for the	e exe	mption stat	ed in Section 119.07(3)(i), Florida Statutes	s, i further	certify ti	nat inc	- 1

information indicated on this innual/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 converation or the regiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an ittachment with an address.

CICMATURE.

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