

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

P15591

Getz International Travel, Inc.

Principal Place of Business	Mailing Address
150 Post Street Suite 430 San Francisco, CA 94108	Tax Dept., 150 Post St. Suite 500 San Francisco, CA 94108

2. Principal Place of Business	2a. Mailing Address
21 150 Post Street	26 Tax Dept., 150 Post St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 430	27 Suite 500
City & State	City & State
23 San Francisco, CA	28 San Francisco, CA
Zip	Zip
24 94108	29 94108
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/14/87	04/29/96
4. FEI Number	Applied For
94-2960663	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 400002182404 -05/19/97--01014--027	84 City	85 Zip Code
		***165.00	FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Pritzker, Robert A.
STREET ADDRESS		1.3 STREET ADDRESS	225 W. Washington Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Gluth, Robert C.
STREET ADDRESS		2.3 STREET ADDRESS	225 W. Washington Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Pritzker, Mayari S.
STREET ADDRESS		3.3 STREET ADDRESS	225 W. Washington Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Michael, Adel
STREET ADDRESS		4.3 STREET ADDRESS	150 Post Street, Ste. 500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Francisco, CA 94108
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Webb, Robert W.
STREET ADDRESS		5.3 STREET ADDRESS	225 W. Washington Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Kalich, Ronald B.
STREET ADDRESS		6.3 STREET ADDRESS	150 Post Street, Ste. 500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	San Francisco, CA 94108

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adel Michael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adel Michael

4/28/97

(415) 772-5500

Date

Daytime Phone #

CR2E034 (9/96)