

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

FILED

Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000064012 (3)**

1. Corporation Name  
**NATIONAL TRAVEL SERVICE CENTER, INC.**



Principal Place of Business <b>3020 NW 33RD AVE FT LAUDERDALE FL 33311</b>	Mailing Address <b>3020 NW 33RD AVE FT LAUDERDALE FL 33311-1106</b>
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3. Date Incorporated or Qualified <b>07/30/1986</b>	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0683736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

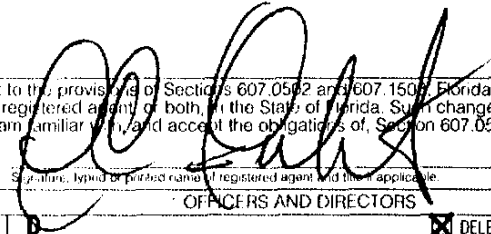
9. Name and Address of Current Registered Agent

**RESNICK, ROBERT B  
3020 NW 33RD AVE  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name <b>J. CHRISTOPHER FUHRMEISTER</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>7177 W. OAKLAND PARK BLVD</b>
83 City <b>LAUDERHILL</b>	84 State <b>FL</b>
85 Zip Code <b>33313</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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  DATE **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RESNICK, ROBERT B</b>		1.2 NAME <b>GALLANT, GLENN M.</b>	
STREET ADDRESS <b>3020 NW 33RD AVE</b>		1.3 STREET ADDRESS <b>4961 NW 72 TERRACE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33311</b>		1.4 CITY-ST-ZIP <b>LAUDERHILL, FL 33319</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FUHRMEISTER, J. CHRISTOPHER</b>		2.2 NAME <b>FUHRMEISTER, J. CHRISTOPHER</b>	
STREET ADDRESS <b>2200 NE 16 CT</b>		2.3 STREET ADDRESS <b>FT. LAUDERDALE, FL 33305</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33305</b>		2.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33305</b>	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed or on an attachment with an address.

SIGNATURE:  DATE **4/22/97** DAYTIME PHONE # **954-746-4000**

CR2E034 (9/96)