

LOWNDES  
DROSDICK  
DOSTER  
KANTOR &  
REED, P.A.

Attorneys at Law

215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

Post Office Box 2809  
ORLANDO, FLORIDA 32802

TELEPHONE: 407-843-4600  
FAX: 407-427-4495

GAIL S. ANDRE  
DIRECT DIAL: (407) 418-6203  
DIRECT FAX: (407) 843-4444  
E-MAIL: andregs@lowndes-law.com

April 26, 1999

Florida Department of State  
Divisions of Corporations  
P.O. Box 6237  
Tallahassee, Florida 32314

700002854767--0  
-04/28/99--01050--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: International Travel Solutions, Inc.

Dear Sir or Madam:

Enclosed herewith please find an original Resignation of Registered Agent of International Travel Solutions, Inc. for filing with the Florida Department of State. Also enclosed is our law firm's check in the amount of \$87.50 representing the filing fee for the Resignation of Registered Agent.

Please file this document immediately upon receipt and kindly acknowledge your receipt and filing of the same on a copy of this letter. A self-addressed postage paid envelope is enclosed for your convenience.

Thank you for your assistance in this matter. If you have any questions, please feel free to telephone me.

Very truly yours,

*Gail S. Andre*

Gail S. Andre  
Legal Assistant to  
Gary R. Soles

gsa  
Enclosure  
051049/57332/185180

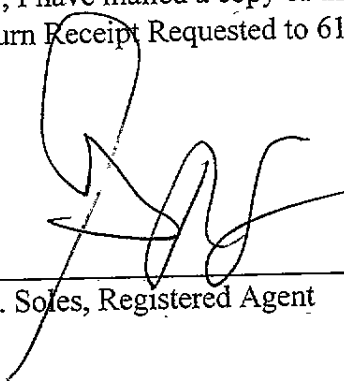
c: Gary R. Soles, Esquire

706000081827  
4-30-99  
RA RS  
OK  
206

**RESIGNATION OF REGISTERED AGENT**

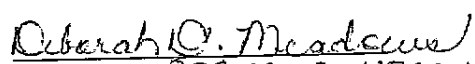
I, **GARY R. SOLES**, hereby resign as Registered Agent of INTERNATIONAL TRAVEL SOLUTIONS, INC., Charter No. P96000081887 whose last registered office is located at 215 N. Eola Drive, Orlando, Florida 32801, said resignation to be effective seven (7) days from the date hereof.

I hereby certify that on this 19th day of April, 1999, I have mailed a copy of this notice to International Travel Solutions, Inc. by Certified Mail-Return Receipt Requested to 6149 Chancellor Drive, Suite 700, Orlando, Florida 32809.

  
\_\_\_\_\_  
Gary R. Soles, Registered Agent

STATE OF FLORIDA  
COUNTY OF ORANGE

Sworn to and subscribed  
before me this 19th day  
of April, 1999 by  
GARY R. SOLES who  
is personally known to me or  
who produced \_\_\_\_\_  
as identification.

  
Printed Name: DEBORAH D. MEADOWS  
Notary Public, State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



**Deborah D. Meadows**  
MY COMMISSION # CC865202 EXPIRES  
July 20, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

**FILED**  
99 APR 30 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA