

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

FILED
Sep 25 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 # P96000088476 (2)

1. Corporation Name

INTERNATIONAL TRAVEL MANAGEMENT, INC.



Principal Place of Business 3210 RIVERVIEW BLVD., WEST BRADENTON FL 34205	Mailing Address 3210 RIVERVIEW BLVD., WEST BRADENTON FL 34205-9444
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3. Date Incorporated or Qualified 10/25/1996	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 26 308 13th St. W. 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number 65-0704905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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 WILCOX, DAVID W ESQ. 308 13TH STREET WEST BRADENTON FL 34205

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	
TITLE	D
NAME	WILCOX, DAVID W
STREET ADDRESS	308 13TH STREET WEST
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President - Secretary - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	Peter Forsythe
1.4 CITY-ST-ZIP	3210 Riverview Blvd. W Bradenton, FL 34205
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALISABTHE JERGENS FORSYTHE
2.3 STREET ADDRESS	3210 Riverview Blvd. W.
2.4 CITY-ST-ZIP	BRADENTON, FL 34205
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE:  Peter Forsythe 9-10-97 941-746-4686

CR2E034 (9/96)