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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name **P96000090170**

TRAVEL SOLUTIONS NETWORK, INC.

Principal Place of Business	Mailing Address
6149 Chancellor Drive Suite 700 Orlando, FL 32809	6149 Chancellor Drive Suite 700 Orlando, FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/96

21 2. Principal Place of Business	
22 Suite, Apt. #, etc	
23 City & State	
24 Zip / 25 Country	
26 2a. Mailing Address	215 N. Eola Drive
27 Suite, Apt. #, etc	
28 City & State	Orlando, FL
29 Zip / 30 Country	32801

4. FEI Number: 59-3417489 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOLES, GARY 215 North Eola Drive Orlando, Florida 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRAHM, LARAINE		1.2 NAME	
STREET ADDRESS	6149 Chancellor Dr, STE 700		1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRAHM, A.P.		2.2 NAME	
STREET ADDRESS	6149 Chancellor Dr., STE 700		2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JCS17
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	900002518469
STREET ADDRESS			6.3 STREET ADDRESS	-05/11/98--01055--009
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

14. I 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 attached sheet, with an address.

SIGNATURE: _____ 4/30/98 407/859-2974 407/851-6190
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone