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CERTIFIED MAIL NO. Z 518 718 151
RETURN RECEIPT REQUESTED

February 11, 1999

Division of Corporations
Fictitious Name Registration
P. O. Box 1300
Tallahassee, Florida 32302-1300

Re: Travel Solutions Network, Inc.

200002795602--6
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*****87.50 *****87.50

Dear Madam or Sir:

Enclosed herewith for filing with the Secretary of State is a Resignation of Registered Agent for the above-referenced corporation. Also enclosed is a check from this law firm in the amount of \$87.50 representing the filing fee.

Please file the resignation immediately upon receipt and return a date-stamped copy of the filing to the undersigned. If you have any questions, please feel free to telephone me.

Thank you in advance for your assistance in this matter.

Very truly yours,

Gail S. Andre

Gail S. Andre
Legal Assistant to
Gary R. Soles

gsa:

Enclosures

051011/47644/157990_2

c: Gary R. Soles, Esquire

RA Res.

3/5/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

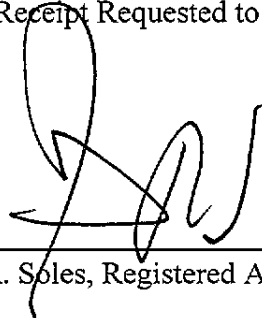
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **GARY R. SOLES**, hereby resign as Registered Agent of TRAVEL SOLUTIONS NETWORK, INC., Charter No. P96000090170, whose last registered office is located at 215 N. Eola Drive, Orlando, Florida 32801, said resignation to be effective on the 31st day after it is filed.

I hereby certify that on this 10th day of February, 1999, I have mailed a copy of this notice to Travel Solutions Network, Inc. by Certified Mail-Return Receipt Requested to 6149 Chancellor Drive, Suite 700, Orlando, Florida 32809.

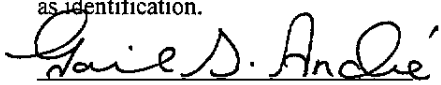


Gary R. Soles, Registered Agent

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed
before me this 10th day
of February, 1999 by

GARY R. SOLES who
is personally known to me or
who produced _____
as identification.



Printed Name:

Notary Public, State of Florida

Commission Number: _____

My Commission Expires: _____



Gail S. Andre
MY COMMISSION # CC733837 EXPIRES
April 14, 2002
BONDED THROUGH TROY FAIN INSURANCE, INC.