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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S58488

(5)

Mailing Address

TRAVEL SYSTEMS INTERNATIONAL, INC.

**FILED** Jun 16 1997 8:00am Secretary of State

| ONE PROGRESS PLAZA<br>SUITE 135<br>ST. PETERSBURG FL 33701<br>US  |                     |                        | SUITE 135                  | ONE PROGRESS PLAZA<br>SUITE 135<br>ST. PETERBURG FL 33701-4335<br>US |              |  |   |   |                             |
|---|---------------------|------------------------|----------------------------|--|--------------|--|---|---|-----------------------------|
|   |                     |                        |                            |  |              |  | 3. Date Incorporated or Qualified 06/06/1991  | 3a. Date of Last F<br>05/01/1996        |                             |
| 2. Principal P  | lace of Busine      | ess                    | 2a, Mailing Add            | 2a. Mailing Address  |              |  | 4. FEI Number   | A                                       | oplied For                  |
| 21  |                     |                        | 26                         | 26   |              |  | 59-3070802  | No.                                     | ot Applicable               |
| Suite, Apt.   | #, etc.             |                        | Suite, Apt. #              | Suite, Apt. #, etc.  |              |  | 5. Certificate of Status Desired  | , | Additional                  |
| 22  |                     |                        | 27                         |  |              |  | C. Commono or ounce position  | Fee Re                                  | equired                     |
| City & State  | 0                   |                        | — — ·                      | City & State   |              |  | 6. Election Campaign Financing  |   | May Bo                      |
| 23  |                     |                        | 28                         |  |              |  | Trust Fund Contribution   |   | to Fees                     |
| Zip   | <u> </u>            | Country                | Zip                        |  |              | 8. This corporation has liability for intargible tax under s. 199.032, Florida Statutes Yes \( \sqrt{Yes} \sqrt{\sqrt{No}} \) No |   |   |                             |
| 24  |                     | 5 and Address of Curre | 29<br>ant Registered Agent |  |              |  | 10. Name and Address of New Registered Agent  |   |                             |
| Name and Address of Current Registered Agent     SOLOMON, FRANCINE A.   |                     |                        |                            |  | 81           | Name   |   | <u> </u>                                |                             |
|   | B GEORGIA           |                        |                            |  |              |  | <del></del>   |   |                             |
|   | ARWATER F           |                        |                            |  | 62           | Street Ad  | dress (P.O. Box Number is Not Acceptab  | le)                                     |                             |
| 000   | MINICIPALI          | L 010L0                |                            |  | 83           |  |   | <del></del>                             |                             |
|   |                     |                        |                            |  |              |  |   | T                                       |                             |
|   |                     |                        |                            |  | 84           | City   |   | FL  85   Zip                            | Code                        |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab  |                     |                        |                            |  |              | e-named co<br>the corpo  | orporation submits this statement for the pration's board of directors. I hereby accept | urnopo of chancing i                    | ts registered<br>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 Stonature, typod or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                     |                        |                            |  |              |  |   |   |                             |
| Stgnature, typod or printed name of registered agent and talle If applicable. (NOTE: I  12. OFFICERS AND DIRECTORS  |                     |                        |                            |  | 13.          | an signatore in  | ADDITIONS/CHANGES TO OFFIC  |   | RS IN 12                    |
| TITLE   | VPD                 | OTTIOLITO              |                            | DELETE   | 1.1 71TLE    | Т  |   | Change                                  | Addition                    |
| NAME  |                     | I, FRANCINE A.         | _                          |  | 1.2 NAME     |  |   |   |                             |
| STREET ADDRESS  |                     | RGIA CIR N             |                            | 1.3 STREE   ADDRESS  |              | ADDRESS  |   |   |                             |
| CITY-ST-ZIP   | CLEARWA             |                        |                            | 1.4 CITY - \$1 - ZIP   |              |  |   |   |                             |
| TITLE   | PD                  |                        |                            | DELETE   | 2.1 TITLE    |  |   | Change                                  | Addition                    |
| NAME  | WIGGINS, KENNETH B. |                        |                            |  | 2.2 NAME     |  |   |   |                             |
| STREET ADDRESS  |                     | RGIA CIRCLE NOR        | TH                         | 2.3 \$1  |              | ADDRESS  |   |   |                             |
| CITY-ST-ZIP   | CLEARWA             |                        |                            |  |              | ST - 71P   |   |   |                             |
| TITLE   | DELETE              |                        |                            |  | 3.1 ToTLE    | LI TOLE  |   | ☐ Change                                | Addition                    |
| NAME  |                     |                        |                            |  | 3.2 NAME     |  | •   |   | ļ                           |
| STREET ADDRESS  |                     |                        |                            |  | 3.3 STAEE    | ADDRESS  |   |   |                             |
| CITY-ST-ZIP   |                     |                        |                            |  | 3.4. CI1Y-   | ST- ZIP  |   |   |                             |
| TITLE   | 1                   |                        | ] [                        | DELETE   | 4.1 TITLE    |  |   | Change                                  | Addition                    |
| NAME  |                     |                        |                            |  | 4. 2 NAME    |  |   |   |                             |
| STREET ADDRESS  |                     |                        |                            |  | 4.3 STREE    | AUDRESS  |   |   |                             |
| CITY-ST-ZIP   |                     |                        |                            |  | 4.4 CITY - 3 | ST - 71P   |   |   |                             |
| TITLE   | ]                   |                        |                            | DELETE   | 5 1 TITLE    |  |   | ☐ Change                                | Addition                    |
| NAME  |                     |                        |                            |  | 5.2 NAME     |  |   |   |                             |
| STREET ADDRESS  | 1                   |                        |                            |  | 5.3 STREE    | ADDRESS  |   |   |                             |
| CITY-ST-ZIP   |                     |                        |                            |  | 5.4 CITY-    | S1 - 71P   |   |   |                             |
| TITLE   |                     |                        |                            | DELETE   | 6 1 111LE    |  |   | ☐ Change                                | Addition                    |
| NAME  | 1                   |                        |                            |  | 6.2 NAME     |  |   |   |                             |
| STREET ADDRESS  |                     |                        |                            |  | 6.3 STREE    | ADDRESS  |   |   |                             |
| CITY-ST-ZIP   |                     |                        |                            |  | 6.4 CITY     | 61 - 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 receivor 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.