

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90051 025 ***150.00

DOCUMENT # S58488

1. Corporation Name

TRAVEL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

ONE PROGRESS PLAZA
SUITE 135
ST. PETERSBURG FL 33701
US

Mailing Address

ONE PROGRESS PLAZA
SUITE 135
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

21 21-9th St. S.
Suite, Apt. #, etc.

22 City & State
St Petersburg FL

23 Zip Country
33705 Pinellas

2a. Mailing Address

26 21-9th St. S.
Suite, Apt. #, etc.

27 City & State
St Petersburg FL

28 Zip Country
33705 Pinellas

3. Date Incorporated or Qualified

06/06/1991

4. FEI Number

59-3070802

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SOLOMON, FRANCINE A.
1958 GEORGIA CIR N
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name Wiggins, Francine Solomon

82 Street Address (P.O. Box Number is Not Acceptable)
3174 Shoreline Dr

83

84 City Clearwater FL 85 Zip Code 33760

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 VPD
NAME SOLOMON, FRANCINE A.
STREET ADDRESS 1958 GEORGIA CIR N
CITY-ST-ZIP CLEARWATER FL

TITLE PD
NAME WIGGINS, KENNETH B.
STREET ADDRESS 1958 GEORGIA CIRCLE NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME Wiggins, Francine S.
1.3 STREET ADDRESS 3174 Shoreline Dr.
1.4 CITY-ST-ZIP Clearwater FL 33760

2.1 TITLE PD
2.2 NAME Wiggins, Kenneth B.
2.3 STREET ADDRESS 3174 Shoreline Dr.
2.4 CITY-ST-ZIP Clearwater FL 33760

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: Kenneth B. Wiggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99
Date

Daytime Phone #

CR2E034 (1/98)