

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

APPROVED  
AND  
FILED

1997 MAY -5 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amendment 1997

DOCUMENT # V49079

1. Corporation Name

First Choice Travel Services, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
7/9/92

3a. Date of Last Report  
1/16/97

2. Principal Place of Business  
21 7001 Grand National Drive

2a. Mailing Address  
26 7001 Grand National Drive

4. FEI Number  
59-3136038

Applied For  
Not Applicable

22 100

27 100

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Orlando, FL

28 Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 32810 25 U.S.

29 32810 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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

Type or print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE D ☒ DELETE  
12 NAME Anthony Thomas Coleman  
13 STREET ADDRESS First Choice House, London Road  
14 CITY-ST-ZIP Crawley U.K.

15 TITLE P ☐ DELETE  
16 NAME Elizabeth J. Dickson  
17 STREET ADDRESS 6900 S. Orange Blossom Trail, Ste. 434  
18 CITY-ST-ZIP Orlando, FL

19 TITLE S ☐ DELETE  
20 NAME Elizabeth J. Dickson  
21 STREET ADDRESS First Choice House, London Road  
22 CITY-ST-ZIP Crawley U.K.

23 TITLE ☐ DELETE  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP

27 TITLE ☐ DELETE  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP

31 TITLE ☐ DELETE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

15 TITLE P/T/S/D ☒ Change ☐ Addition  
16 NAME Elizabeth Dickson  
17 STREET ADDRESS 7001 Grand National Drive, Ste. 100  
18 CITY-ST-ZIP Orlando, FL 32810

19 TITLE ☐ Change ☐ Addition  
20 NAME  
21 STREET ADDRESS  
22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Dickson President 345 5614.  
Date Daytime Phone #

2-5-97

CR2E034 (9/96)