

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

FILED

Feb 05 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 # V49079 (9)

1. Corporation Name
FIRST CHOICE TRAVEL SERVICES, INC.

Principal Place of Business
7001 GRAND NATIONAL DRIVE
#100
ORLANDO FL 32810
US

Mailing Address
7001 GRAND NATIONAL DRIVE
#100
ORLANDO FL 32810
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1992

4. FEI Number
59-3136038

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

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 32819 Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 32819 Country
29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DICKSON, ELIZABETH
7001 GRAND NATIONAL DRIVE., STE 100
ORLANDO FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DICKSON, ELIZABETH J
FIRST CHOICE HOUSE, LONDON ROAD
CRAWLEY UK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
PROSSER RICHARD
FIRST CHOICE HOUSE, LONDON ROAD
CRAWLEY, WEST SUSSEX RH10 2GX ENGLAND

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27-1-98

Date

Daytime Phone #

0540356

CH2E034 (10/97)