

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

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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000067737

1. Corporation Name
TRUST INTERNATIONAL HOTEL RESERVATION SERVICES, INC.



Principal Place of Business
 1155 SOUTH SEMORAN BLVD.
 SUITE 1129
 WINTER PARK FL 32792

Mailing Address
 1155 SOUTH SEMORAN BLVD.
 SUITE 1129
 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

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

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

3. Date incorporated or Qualified
08/05/1997

4. FEI Number
59-3500280

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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

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	CEO	<input type="checkbox"/> DELETE
NAME	AGEL, PETER	
STREET ADDRESS	152 WEST 57 STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRILL, EDWARD N	
STREET ADDRESS	152 WEST 57 STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	Vice-President & Secretary	<input type="checkbox"/> DELETE
NAME	Marks Jr, Warren K	
STREET ADDRESS	1155 S Semoran Blvd	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Agel, Peter	
1.3 STREET ADDRESS	1155 S Semoran Blvd	
1.4 CITY-ST-ZIP	Winter Park FL 32792	
2.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schade, Elke	
2.3 STREET ADDRESS	1155 S Semoran Blvd	
2.4 CITY-ST-ZIP	Winter Park FL 32792	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sultz, Anette	
3.3 STREET ADDRESS	1155 S Semoran Blvd	
3.4 CITY-ST-ZIP	Winter Park FL 32792	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Graciano, Eileen	
4.3 STREET ADDRESS	152 West 57 Street	
4.4 CITY-ST-ZIP	New York NY 10019	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Eileen Graciano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 212 835-2549
 Date Daytime Phone #

CR2E034 (11/98)