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Feb 23, 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 # 215436
 1. Corporation Name
GREYHOUND LEISURE SERVICES, INC.



Principal Place of Business: 8052 NW 14TH STREET, P.O. BOX 592355, MIAMI FL 33126
 Mailing Address: 8052 NW 14TH STREET, P.O. BOX 592355, MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/13/1958
 4. FEI Number: 59-0861908 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SAYRE, SCOTT E.	
STREET ADDRESS	1850 N. CENTRAL	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIQUEL, JEAN-PIERRE	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOHANNON, ROBERT H.	
STREET ADDRESS	1850 N. CENTRAL	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MERHIGE, MICHAEL	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, RONALD G.	
STREET ADDRESS	111 W CLARENDON AVE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, JORGE A	
STREET ADDRESS	8052 NW 14TH ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP & S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAMIANO J. PIGNATO	
1.3 STREET ADDRESS	8052 NW 14th Street	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREGORY M. NICHOLS	
3.3 STREET ADDRESS	8052 NW 14th Street	
3.4 CITY-ST-ZIP	Miami, FL 33126	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEPHEN G. CHAIT	
4.3 STREET ADDRESS	8052 NW 14th Street	
4.4 CITY-ST-ZIP	Miami, FL 33126	
5.1 TITLE	VP & Assist. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SONIA JENSEN	
5.3 STREET ADDRESS	8052 NW 14th Street	
5.4 CITY-ST-ZIP	Miami, FL 33126	
6.1 TITLE	SR VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JORGE A. FERNANDEZ	
6.3 STREET ADDRESS	8052 NW 14th Street	
6.4 CITY-ST-ZIP	Miami, FL 33126	

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: _____ Date: **Jan 15/99** (301) 594-9378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)