

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **696455** (5)
 1. Corporation Name
UNIVERSAL TRAVEL SERVICES, INC.



Principal Place of Business: **2848 5TH AVE. NO. ST. PETERSBURG FL 33713**
 Mailing Address: **2848 5TH AVE. NO. ST. PETERSBURG FL 33713-6702**

3. Date Incorporated or Qualified: **07/29/1981** 3a. Date of Last Report: **04/04/1996**
 4. FEI Number: **59-2111217** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

RAY M WATSON
1355 PINELLAS BAYWAY #4
TIERRA VERDE FL 33715

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> DELETE
NAME	WATSON, LOIS U.	
STREET ADDRESS	1355 PINELLAS PARKWAY #4	
CITY-STATE-ZIP	TIERRA VERDE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LARMON, JOE S	
STREET ADDRESS	4342 HAINES RD NORTH	
CITY-STATE-ZIP	ST PETERSBURG, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOLICH, DONALD	
STREET ADDRESS	1138 BIRDIE ROAD	
CITY-STATE-ZIP	BROOMFIELD, CO 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WATSON, RAY M	
STREET ADDRESS	1355 PINELLAS BAYWAY #4	
CITY-STATE-ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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 checked, or on an attachment with an address.

SIGNATURE: *Lois U. Watson* **LOIS U. WATSON** 3/17/97 813 323-3371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)