

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F16320 (6)

1. Corporation Name
PALM TRAVEL SERVICES, INC.

Principal Place of Business: **1905 W SWANN AVE TAMPA FL 33606 US**
Mailing Address: **1905 W SWANN AVE TAMPA FL 33606 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1981** 3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2079100** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**GRIFFITHS, WILLIAM T
33606W SWANN AVE
TAMPA FL 33607**

10. Name and Address of New Registered Agent
b1 Name: _____
b2 Street Address (P.O. Box Number is Not Acceptable): **1505 W. Swann Ave.**
b3 _____
b4 City: _____ b5 Zip Code: **FL 33606**

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: *William T. Griffiths* **William T. Griffiths** **4/18/95**
(Signature, typed or printed name of registered agent) (Typed name of agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GRIFFITH, WILLIAM T
STREET ADDRESS	2113 MAGDALENE MANOR DR
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	BOURISSEAU, DIANE G
STREET ADDRESS	14039 ELLESMERE DR.
CITY-ST-ZIP	TAMPA FL
TITLE	DP
NAME	TRUAX, DIANE CTC
STREET ADDRESS	11520 GALLERIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	14039 Walcott Drive
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 amendment with an address.

SIGNATURE: *Diane G. Bourisseau* **Diane G. Bourisseau** **4/18/95**
(Signature and typed or printed name of signing officer or director) (Typed name of officer or director) (Date)