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Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # F16320

1. Corporation Name
PALM TRAVEL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1505 W SWANN AVE
TAMPA FL 33606
US

Mailing Address
1505 W SWANN AVE
TAMPA FL 33606
US

3. Date Incorporated or Qualified

01/27/1981

2. Principal Place of Business

2a. Mailing Address

21 10019 N. Dale Mabry Hwy

26 10019 N. Dale Mabry Hwy

4. FEI Number

59-2079100

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 33607

25 USA

Zip

Country

29 33607

30 USA

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

GRIFFITHS, WILLIAM T
1505 W. SWANN AVE
TAMPA FL 33606

81 Name William T. Griffiths

82 Street Address (P.O. Box Number is Not Acceptable)
10019 N. Dale Mabry Hwy.

83

84 City Tampa

FL

85 Zip Code 33607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST DELETE
NAME GRIFFITH, WILLIAM T
STREET ADDRESS 12401 N 22ND ST APT C-308
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME BOURISSEAU, DIANE G
STREET ADDRESS 14039 ELLESMERE DR.
CITY-ST-ZIP TAMPA FL

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

TITLE DP DELETE
NAME TRUAX, DIANE CTC
STREET ADDRESS 14039 WALCOTT DR
CITY-ST-ZIP TAMPA FL

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Bourisseau 3/31/99 813-269-7556

Date

Daytime Phone #

CR2E034 (11/98)