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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 AM 10: 29

DOCUMENT # **M87875** (4)

1. Corporation Name  
**GOOD FRIENDS TRAVEL SERVICE, INC.**

Principal Place of Business      Mailing Address  
**2326 N. A1A**      **P. O. BOX 372298**  
**INDIALANTIC FL 32903**      **SATELLITE BCH. FL 32907**  
**US**      **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/29/1988**      **03/10/1994**

4. FEI Number      Applied For  
**59-2901176**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      2b

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27  
City & State      City & State

23      28  
Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A.**  
**1825 S. RIVERVIEW DRIVE**  
**MELBOURNE FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **BEVERSTEIN, PATRICIA J.**  
STREET ADDRESS **2326 N. A1A**  
CITY - ST - ZIP **INDIALANTIC FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **P**       Change       Addition  
NAME **BEVERSTEIN, PATRICIA J.**  
1 2 STREET ADDRESS **2326 N. A1A**  
1 3 CITY - ST - ZIP **INDIALANTIC FL 32903**

2 1 TITLE       Change       Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

3 1 TITLE       Change       Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

4 1 TITLE       Change       Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

5 1 TITLE       Change       Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

6 1 TITLE       Change       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)(b), 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

SIGNATURE: *Patricia J. Beverstein*      **PATRICIA J. BEVERSTEIN**      3/30/95      (407) 777-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Area #)