

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S90595 (7)**

1. Corporation Name  
**CONTEMPO PROPERTY & TRAVEL SERVICES, INC.**



Principal Place of Business  
**6537 SANDPIPER PLAZA  
LAKELAND FL 33809  
US**

Mailing Address  
**BOX NUMBER 91929  
SANDPIPER GOLF AND COUNTRY CLUB  
LAKELAND FL 33804-9129**

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business  
21 **6001 Sandpiper Dr** 26 **6001 Sandpiper Dr**

4. FEI Number **59-3091803** Applied For Not Applicable

22 City & State **Lakeland, FL** 27 City & State **Lakeland, FL**

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

23 Zip **33809** Country **US** 28 Zip **33809** Country **US**

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

24 **33809** 25 **US** 29 **33809** 30 **US** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WHERRETT, DONALD  
6537 SANDPIPER PLAZA  
SANDPIPER GOLF AND COUNTRY CLUB  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **6001 SANDPIPER DR**  
83  
84 City **Lakeland** FL 85 Zip Code **33809**

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]* DATE **APRIL 24TH 96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>WHERRETT, DONALD</b>	
STREET ADDRESS	<b>6265 PEACOCK RUN</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	<b>7162 Montreal Dr</b>	
14 CITY - ST - ZIP	<b>Lakeland, FL 33809</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>GARY LEVENTHAL</b>	
23 STREET ADDRESS	<b>5635 Loma Vista Dr W</b>	
24 CITY - ST - ZIP	<b>Davenport, FL 33837</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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: *[Signature]* DATE: **APRIL 24TH 96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **D. WHERRETT PRESIDENT CS 5/1/96**

CR2E034 (12/95)