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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90014 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90595

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



Principal Place of Business 6001 SANDPIPER DR LAKELAND FL 33809 US	Mailing Address 6001 SANDPIPER DR LAKELAND FL 33809 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3091803	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4717 US Hwy 27N	2a. Mailing Address 26 4717 US Hwy 27N
Suite, Apt. #, etc. 22 B9	Suite, Apt. #, etc. 27 B9
City & State 23 DAVENPORT FL	City & State 28 DAVENPORT FL
Zip 24 33837 25	Zip 29 33837 30

9. Name and Address of Current Registered Agent WHERRETT, DONALD 6001 SANDPIPER DR LAKELAND FL 33809	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4717 US Hwy 27N Suite B9 83 84 City DAVENPORT FL 85 Zip Code 33837
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WHERRETT, DONALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7162 MONTREAL DR	1.2 NAME	
STREET ADDRESS	LAKELAND FL 33809	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LEVENTHAL, GARY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5633 LOMA VISTA DR W	2.2 NAME	
STREET ADDRESS	DAVENPORT FL 33837	2.3 STREET ADDRESS	8400 SAND LAKE SHORES COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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:  **13-Jan-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)