


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90053 037 ***150.00

0180459

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

DOCUMENT # 215436

1. Corporation Name
GREYHOUND LEISURE SERVICES, INC.

Principal Place of Business 8052 NW 14TH STREET P.O. BOX 592355 MIAMI FL 33126	Mailing Address 8052 NW 14TH STREET P.O. BOX 592355 MIAMI FL 33126
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/13/1958	4. FEI Number 59-0861908	Applied For Not Applicable
		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		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP & S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYRE, SCOTT E.	1.2 NAME	DAMIANO J. PIGNATO
STREET ADDRESS	1850 N. CENTRAL	1.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIQUEL, JEAN-PIERRE	2.2 NAME	
STREET ADDRESS	8052 N.W. 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHANNON, ROBERT H.	3.2 NAME	GREGORY M. NICHOLS
STREET ADDRESS	1850 N. CENTRAL	3.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERHIGE, MICHAEL	4.2 NAME	STEPHEN G. CHAIT
STREET ADDRESS	8052 N.W. 14TH STREET	4.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP & Assist. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, RONALD G.	5.2 NAME	SONIA JENSEN
STREET ADDRESS	111 W CLARENDON AVE	5.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	SR VP & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE A	6.2 NAME	JORGE A. FERNANDEZ
STREET ADDRESS	8052 NW 14TH ST	6.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33126

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: _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)

JAN 15/99 (301) 594 9378