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FILED
Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 215436 (7)
 1. Corporation Name
GREYHOUND LEISURE SERVICES, INC.



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

3. Date Incorporated or Qualified **09/13/1958** 3a. Date of Last Report **02/08/1996**
 4. FEI Number **59-0861908** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	EMERSON, FREDERICK G
STREET ADDRESS	111 W CLARENDON
CITY - ST - ZIP	PHOENIX AZ
TITLE	PD <input type="checkbox"/> DELETE
NAME	MIQUEL, JEAN-PIERRE
STREET ADDRESS	8052 N.W. 14TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TEETS, JOHN W
STREET ADDRESS	111 W CLARENDON AVE
CITY - ST - ZIP	PHOENIX AZ
TITLE	VS <input type="checkbox"/> DELETE
NAME	MERHIGE, MICHAEL
STREET ADDRESS	8052 N.W. 14TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VPT <input type="checkbox"/> DELETE
NAME	NELSON, RONALD G.
STREET ADDRESS	111 W CLARENDON AVE
CITY - ST - ZIP	PHOENIX AZ
TITLE	VP <input type="checkbox"/> DELETE
NAME	FERNANDEZ, JORGE A
STREET ADDRESS	8052 NW 14TH ST
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAYRE, SCOTT E.
1.3 STREET ADDRESS	1850 N. Central
1.4 CITY - ST - ZIP	Phoenix, AZ. 85077-2212
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOHANNON, ROBERT H.
3.3 STREET ADDRESS	1850 N. Central
3.4 CITY - ST - ZIP	Phoenix, AZ 85077
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* UP FINANCE + CFO Date: **JAN 21/97** 305-544-9358 FAX: 166.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)