

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

FILED

Feb 27 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 # 405656 (0)

1. Corporation Name  
BON VOYAGE TRAVEL SERVICE, INC.

Principal Place of Business  
% MENDOZA, CALLAS&SCHILLING  
251 ROYAL PALM WAY. PO BOX 2715  
PALM BEACH FL 33480

Mailing Address  
% MENDOZA, CALLAS&SCHILLING  
251 ROYAL PALM WAY. PO BOX 2715  
PALM BEACH FL 33480-4302



3. Date Incorporated or Qualified 07/26/1972	3a. Date of Last Report 07/08/1996
4. FEI Number 59-1406039	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Country
24	29

9. Name and Address of Current Registered Agent

MENDOZA, CALLAS & SCHILLING  
251 ROYAL PALM WAY 6TH FLOOR  
P.O. BOX 2715  
PALM BEACH FL 33480-1310

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, PIERRE JR	1.2 NAME	
STREET ADDRESS	225 N WORTH CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, GREGORY	2.2 NAME	
STREET ADDRESS	225 N WORTH CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	2.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOADLEY, THOMAS	3.2 NAME	
STREET ADDRESS	225 N.WORTH CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOADLEY, THOMAS	4.2 NAME	
STREET ADDRESS	225 N WORTH CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, CONSTANCE M.	5.2 NAME	
STREET ADDRESS	225 N WORTH CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: X Pierre Willis, Pierre Willis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X FEB 15 1997 561/833-1251  
Date Daytime Phone #

CR2E034 (9/96)