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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 696455 (5)

1. Corporation Name

UNIVERSAL TRAVEL SERVICES, INC.

Principal Place of Business

2848 5TH AVE. NO.
ST. PETERSBURG FL 33713

Mailing Address

2848 5TH AVE. NO.
ST. PETERSBURG FL 33713

FILED
Apr 04 1996 8:00 am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc. 2a. Mailing Address

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 City & State

24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

RAY M WATSON
1355 PINELLAS BAYWAY #4
TIERRA VERDE FL 33715

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

OFFICERS AND DIRECTORS

12. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DTS
WATSON, LOIS U.
1355 PINELLAS PARKWAY #4
TIERRA VERDE FL

DELETE

DV
LARMON, JOE S
4342 HAINES RD NORTH
ST PETERSBURG, FL 00000

DELETE

DV
BOLICH, DONALD
1136 BIRDIE ROAD
BROOMFIELD, CO 00000

DELETE

DP
WATSON, RAY M
1355 PINELLAS BAYWAY #4
TIERRA VERDE FL

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: *Lois U. Watson* LOIS U. WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/96 813-323-3371

CR2E034 (12/95)