

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

①

95 APR 12 PH 3: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005966 (6)**

1. Corporation Name

**SAFECARD TRAVEL SERVICES, INC.**

Principal Place of Business

**7596 CENTURION PARKWAY  
JACKSONVILLE FL 32256**

Mailing Address

**7596 CENTURION PARKWAY  
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/18/1994**

3a. Date of Last Report

**05/01/94**

4. FEI Number

**83-0300250**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under S. 190.022,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21 3001 E. Pershing Blvd.**

2a. Mailing Address

Suite, Apt. #, etc.

**22**

City & State

**23 Cheyenne, Wyoming**

City & State

**28**

Zip

Country

**24 82001**

**25 USA**

Zip

County

**29**

**30**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

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

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>P</b>                      |
| NAME           | <b>KAHN, PAUL</b>             |
| STREET ADDRESS | <b>7596 CENTURION PARKWAY</b> |
| CITY ST ZIP    | <b>JACKSONVILLE FL 32256</b>  |
| TITLE          | <b>VD</b>                     |
| NAME           | <b>MARINO, FRANCIS J</b>      |
| STREET ADDRESS | <b>7596 CENTURION PARKWAY</b> |
| CITY ST ZIP    | <b>JACKSONVILLE FL 32256</b>  |
| TITLE          | <b>S</b>                      |
| NAME           | <b>ORMAND, LISA</b>           |
| STREET ADDRESS | <b>7596 CENTURION PARKWAY</b> |
| CITY ST ZIP    | <b>JACKSONVILLE FL 32256</b>  |
| TITLE          | <b>TD</b>                     |
| NAME           | <b>FRANKLAND, G. THOMAS</b>   |
| STREET ADDRESS | <b>7596 CENTURION PARKWAY</b> |
| CITY ST ZIP    | <b>JACKSONVILLE FL 32256</b>  |
| TITLE          | <b>D</b>                      |
| NAME           | <b>INTERDONATO, RICHARD M</b> |
| STREET ADDRESS | <b>3001 E. PERSHING BLVD.</b> |
| CITY ST ZIP    | <b>CHEYENNE WY 82001</b>      |
| TITLE          | <b>V</b>                      |
| NAME           | <b>FRECHETTE, ROBERT M</b>    |
| STREET ADDRESS | <b>7596 CENTURION PARKWAY</b> |
| CITY ST ZIP    | <b>JACKSONVILLE FL 32256</b>  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY ST ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY ST ZIP    |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lisa Ormand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lisa Ormand - Secretary**

4/6/95

(904) 928-1841

0081410 CP

(2)

**SAFECARD TRAVEL SERVICES, INC.**

**Additional  
Officers:**

V  
Dorothy S. Schechter  
7596 Centurion Parkway  
Jacksonville, Florida 32256

V  
Don N. Merritt, Jr.  
7596 Centurion Parkway  
Jacksonville, Florida 32256

VS  
Marc F. Joseph  
7596 Centurion Parkway  
Jacksonville, Florida 32256

AT  
Trudi Gilarski  
7596 Centurion Parkway  
Jacksonville, Florida 32256

AS  
Barry Natter  
7596 Centurion Parkway  
Jacksonville, Florida 32256

95 APR 12 PM 3:19  
TALLAHASSEE, FLORIDA  
STATE