

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005966 (6)

1. Corporation Name

SAFECARD TRAVEL SERVICES, INC.



Principal Place of Business

3001 E. PERSHING BLVD.
CHEYENNE WY 82001

Mailing Address

7596 CENTURION PARKWAY
JACKSONVILLE FL 32256

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

04/12/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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 Signature required when filing statement.

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - 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:

Lisa Ormand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Ormand - Secretary

11/30/96

904/218-1841

Date Time Phone #

CR2E034 (12/95)