FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002737 (3)**

1. Corporation Name

DUNCAN TRAVEL SERVICES, INC.

Principal Place of Business	Mailing Address
6600 W. BROAD ST. RICHMOND VA 23230	6600 W. BROAD ST. RICHMOND VA 23230

2. Principal Place of Business	2a. Mailing Address
21 4300 ACTON ROAD	26 4300 ACTON ROAD
Suite, Apt. #, etc. 22 1ST FLR WARNER BLDG	Suite, Apt. #, etc. 27 1ST FLR WARNER BLDG
City & State 23 MIAMI BEACH FL	City & State 28 MIAMI BEACH FL
Zip / Country 24 33140 / 25	Zip / Country 29 33140 / 30

3. Date Incorporated or Qualified: 06/07/1995

3a. Date of Last Report:

4. FEI Number: 52-1610623 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	EDELSTEIN, SOL MD	
STREET ADDRESS	6600 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	S	☐ DELETE
NAME	DUFFY, THOMAS E	
STREET ADDRESS	6600 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	T	☐ DELETE
NAME	MCGRATH, SUSAN	
STREET ADDRESS	6600 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	V	☐ DELETE
NAME	MCALLISTER, PATRICIA	
STREET ADDRESS	4300 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. This filing was voluntarily furnished and 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 added to the report or an attachment with an address.

SIGNATURE: Susan M. McGrath / Susan M. McGrath 4/2/96 804-285-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #