

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.  
AMOUNT DUE ON OR BEFORE 8/6/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 10 AM 9:00

**DOCUMENT # K83740 (6)**

**1. Corporation Name  
VALPARAISO TRAVEL SERVICES, INC.**

**Principal Place of Business Mailing Address**  
% WAYNE A. SIMPSON % WAYNE A. SIMPSON  
155 JOHN SIMS PARKWAY 155 JOHN SIMS PARKWAY  
VALPARAISO FL 32580 VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		04/27/1989	10/04/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FET Number	Applied For
23 City & State		28 City & State		59-2945932	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 County		30 County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		6. This corporation has liability for intangible tax under s. 100.030, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMPSON, WAYNE A. 155 JOHN SIMS PARKWAY VALPARAISO FL 32580				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WAYNE A.	12 NAME	
STREET ADDRESS	155 JOHN SIMS PKWAY	13 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, DIANNE A.	22 NAME	
STREET ADDRESS	155 JOHN SIMS PKWY	23 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTEL, STEVE E.	32 NAME	
STREET ADDRESS	155 JOHN SIMS PKWY	33 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTEL, ROSE M.	42 NAME	
STREET ADDRESS	155 JOHN SIMS PKWY	43 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTEL, GEORGE S.	52 NAME	
STREET ADDRESS	155 JOHN SIMS PKWY	53 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *Wayne A. Simpson* 10 Jun '95 704 678-6688  
Typed Name: Wayne A. Simpson

CR2E034 (3/95)