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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31678 (6)

1. Corporation Name
GROUP VOYAGERS, INC.

Principal Place of Business
5301 S FEDERAL CIR
LITTLETON CO 80123

Mailing Address
5301 S FEDERAL CIR
LITTLETON CO 80123-2880



3. Date Incorporated or Qualified 11/06/1990
3a. Date of Last Report 01/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-1996573		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

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 of person or persons named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	
NAME	MARTINEN, JOHN A.	1.2 NAME	
STREET ADDRESS	5301 SOUTH FEDERAL CIRCLE	1.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLETON CO	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	KUCHARSKI, EDWARD R	2.2 NAME	
STREET ADDRESS	5301 SOUTH FEDERAL CIRCLE	2.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLETON CO	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	GORDON, PHILIP	3.2 NAME	
STREET ADDRESS	5301 SOUTH FEDERAL CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLETON CO	3.4 CITY- ST- ZIP	
TITLE	C	4.1 TITLE	
NAME	STEINER, ADALBERT	4.2 NAME	
STREET ADDRESS	5301 S FEDERAL CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLETON CO	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)