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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000045157 (3)

CONTEMPORARY TRAVEL SERVICE, INC.

**FILED** May 12 1997 8:00am Secretary of State

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| Principal Place of Business 7830 ELLIS ROAD MELBOURNE FL 32904 US  |   | Mailing Address 7830 ELLIS ROAD MELBOURNE FL 32904-1108 US |  |  |   |  |            |                                 |  |  |
|--|---|--|--|--|---|--|------------|---------------------------------|--|--|
| 00   |   | •  |  |  |   | ncorporated or Qualifie                |            | ate of Last F<br>24/1996        | Report                                 |  |
| 2. Principal P   | lace of Business  | 2a, Mailing Address  |  | <del></del>  | 4. FEI No   | ımber                                  |            | A                               | pplied For                             |  |
| Suite: Apt.  | H site  | 26   |  |  | 09-0  | 3193716                                |            |                                 | ot Applicable Additional               |  |
| 22   | W. Citt.  | 27   |  |  | 5. Certific                                       | cate of Status Desired                 |            | <b>*</b>                        | Additional<br>equired                  |  |
| City & Stal  | (;  | City & State   | 70   |  | Ę.  | on Campaign Financing                  | ' D        |                                 | May Be<br>to Fees                      |  |
| Zip  | Country   | Zip  | Count  | try  |   | orporation has liability f             |            |                                 | 199.032,                               |  |
| 24   | 25  | 29 <br>  | 30   | <del></del>  |   | a Statutes and Address of New          | Yes [      |                                 |  |  |
| NA   | 9, Name and Address of Cur  | rent Registered Agent                                      |  | 1 Name   | 10. Name  | and Address of New                     | Hebistered | Agent                           |  |  |
|  | E, MARK S<br>D ELLIS ROAD   |  |  |  | <del>, , , , , , , , , , , , , , , , , , , </del> |  |            |                                 |  |  |
|  | BOURNE FL 32904   |  | . 6  |  | ddress (P.O. Bo                                   | x Number is Not Accep                  | itable)    |                                 |  |  |
| ******   | 2001-12 12 12 1   |  | Į s  | 3  | ·—···   | ······································ |            | <del></del>                     |  |  |
|  |   |  |  | 4 City   | <u> </u>  |  |            | 85 Zip                          | Code                                   |  |
|  |   |  | 1  | City   |   | '                                      | FL         | .   65  2.10                    | Code                                   |  |
| agent Ta   | registered agent, or both, in the St<br>im familiar with, and accept the ob                                       |  |  |  |   |  |            |                                 |  |  |
| SIGNATURE  | Segretaris impact or printed name of registered OFFICERS.   | sagent and title if applicable (NC<br>AND DIRECTORS        | OTE: Registered A  | Agent signature re   | quired when reinstatin                            |  | DATE       | D DIRECTO                       | 9S IN 12                               |  |
| SIGNATURE  12.  III.E  | Square: Aproles printed name of registrand OFFICERS   | sagent and title if applicable (NC                         | 13.  | Agent signatura re   | quired when reinstatin                            | (9)                                    | DATE       |                                 |  |  |
| SIGNATURE  12.  10 LE  NAME  | Square. Aprol or printed name of registered OFFICERS.  D RICE, MARK \$  | sagent and title if applicable (NC<br>AND DIRECTORS        | 13.<br>11 TITL   | Agent signature re<br>E  | quired when reinstatin                            | (9)                                    | DATE       | D DIRECTO                       | 9S IN 12                               |  |
| SIGNATURE  12.  10LE  NAME  STREET ADDRESS   | Square: Aproles printed name of registrand OFFICERS   | sagent and title if applicable (NC<br>AND DIRECTORS        | 13.<br>11 TITL<br>1.2 NAM<br>1.3 STRE  | Agent signature re E 1É EET ADDRESS  | quired when reinstatin                            | (9)                                    | DATE       | D DIRECTO                       | 9S IN 12                               |  |
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| SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY: ST-ZIF  | D RICE, MARK S 7830 ELLIS ROAD MELBOURNE FL 32904 D RICE, STEPHANIE A   | s agent and the if applicable (NC<br>AND DIRECTORS DELETE  | 13.<br>11 TITLI<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY   | Agent signatura re  E  16  EET ADDRESSST-ZIP  E  | quired when reinstatin                            | (9)                                    | DATE       | D DIRECTOI<br>Change            | RS IN 12                               |  |
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he receiver or Justice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name with an address.

**SIGNATURE:** 

0100725