

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049256 (9)

1. Corporation Name:

DIVERSIFIED TRAVEL SERVICES, INC.

Principal Place of Business

2350-N 34TH STREET NORTH
SUITE 100
ST. PETERSBURG FL 33713

Mailing Address

2350-N 34TH STREET NORTH
SUITE 100
ST. PETERSBURG FL 33713

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

LIANG, LIN FENG
2350-N 34TH STREET N.
SUITE 100
ST. PETERSBURG FL 33713

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 602.0602 and 607.1502, 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 607.0602, Florida Statutes.

SIGNATURE

Signature typed or printed below after you sign and date this statement.

DATE

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

CHEN, LETTY P

4547 OLMSTEAD DR.

HOFFMAN ESTATES IL 60195

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

LIN, FENG-LIANG

2976 ELYSIUM WAY

CLEARWATER FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

DINICOLA, JOSEPH A

15911 WILLOWDALE RD.

TAMPA FL 33625

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change

☐ Addition

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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)(a), 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 registered or trustee empowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an addition.

SIGNATURE:

Feng Liang Lin, president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

813-3272399

DATE

PHONE NO.

CR2E034 (12/95)