

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000005292 (4)

1. Corporation Name  
NOW VOYAGER, INC.

Principal Place of Business  
5106 S.W. 6TH STREET  
MIAMI FL 33134

Mailing Address  
5106 S.W. 6TH STREET  
MIAMI FL 33134

APPROVED  
AND  
FILED

97 SEP 12 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/20/1995</b>	3a. Date of Last Report <b>11/06/1996</b>
4. FEI Number <b>65-0562745</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

VENELIA, FRANCES C  
5106 S.W. 6TH ST.  
MIAMI FL 33134

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 \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENEZIA, FRANCES C</b>	1.2 NAME	
STREET ADDRESS	<b>5106 S.W. 6TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>200002296012--2</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-09/17/97--01098--001</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>*****450.00 *****225.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (4/97)

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Frances C. Venezia  
5517 Sardinia Street  
Coral Gables, Florida 33146

August 20, 1997

Department of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Now, Voyager, Inc.  
Camille Realty & Associates, Inc.

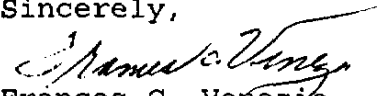
Dear Sir or Madam:

I am writing this letter to inform you that I had not received the First Notice for this corporation. I had moved and mail that had been forwarded to my address had inadvertently been forwarded to the residence of some other people.

This misdirection of my mail had occurred from May 1, 1997 until August, 1997. The manager at the mail installation, another supervisor and I were trying to find out how my mail was diverted, who was diverting it and where it was going. We did correct the problem but I have been told I need to make a complaint with the Postal Inspector if I wished to pursue prosecution of the persons responsible. This is documented with names of the supervisor and manager of the post office if you wish.

I am struggling to raise two children single-handedly. I have been working three jobs and going to school for my Master's Degree "full time" (every Saturday from 8:30 AM until 5:30 PM for the past two years) and find the amount of the penalty to which are entitled a true hardship at this time. Please accept this check in the amount of \$450.00 for these two corporations with my apologies for this problem.

Sincerely,

  
Frances C. Venezia

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