FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09392** **(4)**

1. Corporate Name

UNIQUE TRAVEL SERVICES, INC.

Principal Place of Business	Mailing Address
7265 ESTOPONA CR. 201 FERN PARK FL 32730 US	7265 ESTAPONA CIRCLE SUITE 201 FERN PARK FL 32730 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1992**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3100268**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

PETERSON, SCOT
5714 PADGETTE CR.
UNIT 103
ORLANDO FL 32809

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 Section 607.1502 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

(If changing registered agent, registered agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
21 TITLE	DVP	41 TITLE	☐ Change ☐ Addition
22 NAME	CHRISTOPHER, PETERSON N. I	42 NAME	
23 STREET ADDRESS	3290 LORDMALL CT	43 STREET ADDRESS	
24 CITY-ST-ZIP	OVIEDO FL	44 CITY-ST-ZIP	
25 TITLE	DPS	45 TITLE	☐ Change ☐ Addition
26 NAME	PETERSON, SCOT	46 NAME	
27 STREET ADDRESS	5714 PDGETTE CR.	47 STREET ADDRESS	
28 CITY-ST-ZIP	ORLANDO FL	48 CITY-ST-ZIP	
29 TITLE		49 TITLE	☐ Change ☐ Addition
30 NAME		50 NAME	
31 STREET ADDRESS		51 STREET ADDRESS	
32 CITY-ST-ZIP		52 CITY-ST-ZIP	
33 TITLE		53 TITLE	☐ Change ☐ Addition
34 NAME		54 NAME	
35 STREET ADDRESS		55 STREET ADDRESS	
36 CITY-ST-ZIP		56 CITY-ST-ZIP	
37 TITLE		57 TITLE	☐ Change ☐ Addition
38 NAME		58 NAME	
39 STREET ADDRESS		59 STREET ADDRESS	
40 CITY-ST-ZIP		60 CITY-ST-ZIP	

14. I do hereby certify that the information contained herein, including any required attachment, 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 with an asterisk (*) or is attached with an address.

SIGNATURE: Scot Peterson, President 4/27/95 407-767-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0048969 CP

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DOCUMENT # V09955 (8)

1. Corporation Name

MARITIME COMPUTER APPLICATIONS, INC.

Principal Place of Business	Mailing Address
1006 BECK AVE PANAMA CITY FL 32401 US	P.O. BOX 4337 PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3107093 — Applied For / Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. # etc. (22) — Suite, Apt. # etc. (27)
City & State (23) — City & State (28)
Zip (24) County (25) — Zip (29) County (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LACEWELL, JOHN K.
504 EAST 3RD STREET
LYNN HAVEN FL 32444

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LACEWELL, JOHN K.
STREET ADDRESS	504 EAST 3RD ST.
CITY, ST, ZIP	LYNN HAVEN FL
TITLE	DT
NAME	LACEWELL, CECELIA F.
STREET ADDRESS	504 EAST 3RD ST.
CITY, ST, ZIP	LYNN HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Sections 1–6, each with TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP; ☐ Change ☐ Addition — all blank)

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)(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: [signature] 3/30/95 — 904 785 0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410212 FP