

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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: **7265 ESTOPONA CR.
201
FERN PARK FL 32730
US**
Mailing Address: **7265 ESTOPONA 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. FFI Number: **59-3100268** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 198.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business: **21** 2b. 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:
86. State:
87. Country:
88.
89.
90.
91.
92.
93.
94.
95.
96.
97.
98.
99.
100.
101.
102.
103.
104.
105.
106.
107.
108.
109.
110.
111.
112.
113.
114.
115.
116.
117.
118.
119.
120.
121.
122.
123.
124.
125.
126.
127.
128.
129.
130.
131.
132.
133.
134.
135.
136.
137.
138.
139.
140.
141.
142.
143.
144.
145.
146.
147.
148.
149.
150.
151.
152.
153.
154.
155.
156.
157.
158.
159.
160.
161.
162.
163.
164.
165.
166.
167.
168.
169.
170.
171.
172.
173.
174.
175.
176.
177.
178.
179.
180.
181.
182.
183.
184.
185.
186.
187.
188.
189.
190.
191.
192.
193.
194.
195.
196.
197.
198.
199.
200.
201.
202.
203.
204.
205.
206.
207.
208.
209.
210.
211.
212.
213.
214.
215.
216.
217.
218.
219.
220.
221.
222.
223.
224.
225.
226.
227.
228.
229.
230.
231.
232.
233.
234.
235.
236.
237.
238.
239.
240.
241.
242.
243.
244.
245.
246.
247.
248.
249.
250.
251.
252.
253.
254.
255.
256.
257.
258.
259.
260.
261.
262.
263.
264.
265.
266.
267.
268.
269.
270.
271.
272.
273.
274.
275.
276.
277.
278.
279.
280.
281.
282.
283.
284.
285.
286.
287.
288.
289.
290.
291.
292.
293.
294.
295.
296.
297.
298.
299.
300.
301.
302.
303.
304.
305.
306.
307.
308.
309.
310.
311.
312.
313.
314.
315.
316.
317.
318.
319.
320.
321.
322.
323.
324.
325.
326.
327.
328.
329.
330.
331.
332.
333.
334.
335.
336.
337.
338.
339.
340.
341.
342.
343.
344.
345.
346.
347.
348.
349.
350.
351.
352.
353.
354.
355.
356.
357.
358.
359.
360.
361.
362.
363.
364.
365.
366.
367.
368.
369.
370.
371.
372.
373.
374.
375.
376.
377.
378.
379.
380.
381.
382.
383.
384.
385.
386.
387.
388.
389.
390.
391.
392.
393.
394.
395.
396.
397.
398.
399.
400.
401.
402.
403.
404.
405.
406.
407.
408.
409.
410.
411.
412.
413.
414.
415.
416.
417.
418.
419.
420.
421.
422.
423.
424.
425.
426.
427.
428.
429.
430.
431.
432.
433.
434.
435.
436.
437.
438.
439.
440.
441.
442.
443.
444.
445.
446.
447.
448.
449.
450.
451.
452.
453.
454.
455.
456.
457.
458.
459.
460.
461.
462.
463.
464.
465.
466.
467.
468.
469.
470.
471.
472.
473.
474.
475.
476.
477.
478.
479.
480.
481.
482.
483.
484.
485.
486.
487.
488.
489.
490.
491.
492.
493.
494.
495.
496.
497.
498.
499.
500.
501.
502.
503.
504.
505.
506.
507.
508.
509.
510.
511.
512.
513.
514.
515.
516.
517.
518.
519.
520.
521.
522.
523.
524.
525.
526.
527.
528.
529.
530.
531.
532.
533.
534.
535.
536.
537.
538.
539.
540.
541.
542.
543.
544.
545.
546.
547.
548.
549.
550.
551.
552.
553.
554.
555.
556.
557.
558.
559.
560.
561.
562.
563.
564.
565.
566.
567.
568.
569.
570.
571.
572.
573.
574.
575.
576.
577.
578.
579.
580.
581.
582.
583.
584.
585.
586.
587.
588.
589.
590.
591.
592.
593.
594.
595.
596.
597.
598.
599.
600.
601.
602.
603.
604.
605.
606.
607.
608.
609.
610.
611.
612.
613.
614.
615.
616.
617.
618.
619.
620.
621.
622.
623.
624.
625.
626.
627.
628.
629.
630.
631.
632.
633.
634.
635.
636.
637.
638.
639.
640.
641.
642.
643.
644.
645.
646.
647.
648.
649.
650.
651.
652.
653.
654.
655.
656.
657.
658.
659.
660.
661.
662.
663.
664.
665.
666.
667.
668.
669.
670.
671.
672.
673.
674.
675.
676.
677.
678.
679.
680.
681.
682.
683.
684.
685.
686.
687.
688.
689.
690.
691.
692.
693.
694.
695.
696.
697.
698.
699.
700.
701.
702.
703.
704.
705.
706.
707.
708.
709.
710.
711.
712.
713.
714.
715.
716.
717.
718.
719.
720.
721.
722.
723.
724.
725.
726.
727.
728.
729.
730.
731.
732.
733.
734.
735.
736.
737.
738.
739.
740.
741.
742.
743.
744.
745.
746.
747.
748.
749.
750.
751.
752.
753.
754.
755.
756.
757.
758.
759.
760.
761.
762.
763.
764.
765.
766.
767.
768.
769.
770.
771.
772.
773.
774.
775.
776.
777.
778.
779.
780.
781.
782.
783.
784.
785.
786.
787.
788.
789.
790.
791.
792.
793.
794.
795.
796.
797.
798.
799.
800.
801.
802.
803.
804.
805.
806.
807.
808.
809.
810.
811.
812.
813.
814.
815.
816.
817.
818.
819.
820.
821.
822.
823.
824.
825.
826.
827.
828.
829.
830.
831.
832.
833.
834.
835.
836.
837.
838.
839.
840.
841.
842.
843.
844.
845.
846.
847.
848.
849.
850.
851.
852.
853.
854.
855.
856.
857.
858.
859.
860.
861.
862.
863.
864.
865.
866.
867.
868.
869.
870.
871.
872.
873.
874.
875.
876.
877.
878.
879.
880.
881.
882.
883.
884.
885.
886.
887.
888.
889.
890.
891.
892.
893.
894.
895.
896.
897.
898.
899.
900.
901.
902.
903.
904.
905.
906.
907.
908.
909.
910.
911.
912.
913.
914.
915.
916.
917.
918.
919.
920.
921.
922.
923.
924.
925.
926.
927.
928.
929.
930.
931.
932.
933.
934.
935.
936.
937.
938.
939.
940.
941.
942.
943.
944.
945.
946.
947.
948.
949.
950.
951.
952.
953.
954.
955.
956.
957.
958.
959.
960.
961.
962.
963.
964.
965.
966.
967.
968.
969.
970.
971.
972.
973.
974.
975.
976.
977.
978.
979.
980.
981.
982.
983.
984.
985.
986.
987.
988.
989.
990.
991.
992.
993.
994.
995.
996.
997.
998.
999.
1000.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS
12.1 NAME: **DVP**
12.2 STREET ADDRESS: **CHRISTOPHER, PETERSON N. I**
12.3 CITY & STATE: **3290 LORDMALL CT**
12.4 ZIP: **OVIEDO FL**
12.5 NAME: **DPS**
12.6 STREET ADDRESS: **PETERSON, SCOT**
12.7 CITY & STATE: **5714 PADGETTE CR.**
12.8 ZIP: **ORLANDO FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME: ☐ Change ☐ Addition
13.2 STREET ADDRESS: ☐ Change ☐ Addition
13.3 CITY & STATE: ☐ Change ☐ Addition
13.4 ZIP: ☐ Change ☐ Addition
13.5 NAME: ☐ Change ☐ Addition
13.6 STREET ADDRESS: ☐ Change ☐ Addition
13.7 CITY & STATE: ☐ Change ☐ Addition
13.8 ZIP: ☐ Change ☐ Addition
13.9 NAME: ☐ Change ☐ Addition
13.10 STREET ADDRESS: ☐ Change ☐ Addition
13.11 CITY & STATE: ☐ Change ☐ Addition
13.12 ZIP: ☐ Change ☐ Addition
13.13 NAME: ☐ Change ☐ Addition
13.14 STREET ADDRESS: ☐ Change ☐ Addition
13.15 CITY & STATE: ☐ Change ☐ Addition
13.16 ZIP: ☐ Change ☐ Addition
13.17 NAME: ☐ Change ☐ Addition
13.18 STREET ADDRESS: ☐ Change ☐ Addition
13.19 CITY & STATE: ☐ Change ☐ Addition
13.20 ZIP: ☐ Change ☐ Addition
13.21 NAME: ☐ Change ☐ Addition
13.22 STREET ADDRESS: ☐ Change ☐ Addition
13.23 CITY & STATE: ☐ Change ☐ Addition
13.24 ZIP: ☐ Change ☐ Addition
13.25 NAME: ☐ Change ☐ Addition
13.26 STREET ADDRESS: ☐ Change ☐ Addition
13.27 CITY & STATE: ☐ Change ☐ Addition
13.28 ZIP: ☐ Change ☐ Addition
13.29 NAME: ☐ Change ☐ Addition
13.30 STREET ADDRESS: ☐ Change ☐ Addition
13.31 CITY & STATE: ☐ Change ☐ Addition
13.32 ZIP: ☐ Change ☐ Addition
13.33 NAME: ☐ Change ☐ Addition
13.34 STREET ADDRESS: ☐ Change ☐ Addition
13.35 CITY & STATE: ☐ Change ☐ Addition
13.36 ZIP: ☐ Change ☐ Addition
13.37 NAME: ☐ Change ☐ Addition
13.38 STREET ADDRESS: ☐ Change ☐ Addition
13.39 CITY & STATE: ☐ Change ☐ Addition
13.40 ZIP: ☐ Change ☐ Addition
13.41 NAME: ☐ Change ☐ Addition
13.42 STREET ADDRESS: ☐ Change ☐ Addition
13.43 CITY & STATE: ☐ Change ☐ Addition
13.44 ZIP: ☐ Change ☐ Addition
13.45 NAME: ☐ Change ☐ Addition
13.46 STREET ADDRESS: ☐ Change ☐ Addition
13.47 CITY & STATE: ☐ Change ☐ Addition
13.48 ZIP: ☐ Change ☐ Addition
13.49 NAME: ☐ Change ☐ Addition
13.50 STREET ADDRESS: ☐ Change ☐ Addition
13.51 CITY & STATE: ☐ Change ☐ Addition
13.52 ZIP: ☐ Change ☐ Addition
13.53 NAME: ☐ Change ☐ Addition
13.54 STREET ADDRESS: ☐ Change ☐ Addition
13.55 CITY & STATE: ☐ Change ☐ Addition
13.56 ZIP: ☐ Change ☐ Addition
13.57 NAME: ☐ Change ☐ Addition
13.58 STREET ADDRESS: ☐ Change ☐ Addition
13.59 CITY & STATE: ☐ Change ☐ Addition
13.60 ZIP: ☐ Change ☐ Addition
13.61 NAME: ☐ Change ☐ Addition
13.62 STREET ADDRESS: ☐ Change ☐ Addition
13.63 CITY & STATE: ☐ Change ☐ Addition
13.64 ZIP: ☐ Change ☐ Addition
13.65 NAME: ☐ Change ☐ Addition
13.66 STREET ADDRESS: ☐ Change ☐ Addition
13.67 CITY & STATE: ☐ Change ☐ Addition
13.68 ZIP: ☐ Change ☐ Addition
13.69 NAME: ☐ Change ☐ Addition
13.70 STREET ADDRESS: ☐ Change ☐ Addition
13.71 CITY & STATE: ☐ Change ☐ Addition
13.72 ZIP: ☐ Change ☐ Addition
13.73 NAME: ☐ Change ☐ Addition
13.74 STREET ADDRESS: ☐ Change ☐ Addition
13.75 CITY & STATE: ☐ Change ☐ Addition
13.76 ZIP: ☐ Change ☐ Addition
13.77 NAME: ☐ Change ☐ Addition
13.78 STREET ADDRESS: ☐ Change ☐ Addition
13.79 CITY & STATE: ☐ Change ☐ Addition
13.80 ZIP: ☐ Change ☐ Addition
13.81 NAME: ☐ Change ☐ Addition
13.82 STREET ADDRESS: ☐ Change ☐ Addition
13.83 CITY & STATE: ☐ Change ☐ Addition
13.84 ZIP: ☐ Change ☐ Addition
13.85 NAME: ☐ Change ☐ Addition
13.86 STREET ADDRESS: ☐ Change ☐ Addition
13.87 CITY & STATE: ☐ Change ☐ Addition
13.88 ZIP: ☐ Change ☐ Addition
13.89 NAME: ☐ Change ☐ Addition
13.90 STREET ADDRESS: ☐ Change ☐ Addition
13.91 CITY & STATE: ☐ Change ☐ Addition
13.92 ZIP: ☐ Change ☐ Addition
13.93 NAME: ☐ Change ☐ Addition
13.94 STREET ADDRESS: ☐ Change ☐ Addition
13.95 CITY & STATE: ☐ Change ☐ Addition
13.96 ZIP: ☐ Change ☐ Addition
13.97 NAME: ☐ Change ☐ Addition
13.98 STREET ADDRESS: ☐ Change ☐ Addition
13.99 CITY & STATE: ☐ Change ☐ Addition
14.00 ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information furnished on this report is true and accurate and that I am a director or officer of the corporation and that I am qualified to sign this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an affidavit.

SIGNATURE: **SCOT PETERSON, PRESIDENT** 4/27/95 407-767-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

COMM - 111

STATE
FLORIDA

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

DATE I 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 ☐

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 § 196.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State App # 26. State App #

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 29. City & State

25. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0612 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 607.0615 Florida Statutes.

SIGNATURE

(Signature of person authorized to change registered agent or office of corporation)

(Signature of Registered Agent or person authorized to change)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DT
LACEWELL, CECILIA F.
504 EAST 3RD ST.
LYNN HAVEN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is substantially true and correct except for the exemption stated in Section 119.07(2)(b) Florida Statutes. I further certify that the information included 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 bonded representative for recording this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 244 785 0668
Signature: _____