FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

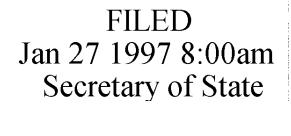
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17542

(4)

VOYAGER SERVICE PROGRAMS, INC.



Principal Place	e of Business	Mailing Address				
4250 LAKESIDE DR		110 WEST SEVENTH STR	ET.			
SUITE 304	. On	9TH FLOOR	EE)			
JACKSONVILLE FL 32210		FORT WORTH TX 76102-7032				
		US			3. Date Incorporated or Qualified 3a. Date of Last Report	
					02/28/1992 01/29/1996	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3110220 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State			Fee Required	
23	La	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			<u> </u>	
24	25	29	30	•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
.=	9. Name and Address of Curre		150,		10. Name and Address of New Registered Agent	
THE	PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	81	Name		
	HAYS STREET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0	Otrost	Address (D.O. D. Markett Marke	
SUITE 105				82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83	1		
,,				ļ		
			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 reg stered 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						
	Signature, typied or printed name of registered a		E Registered Ag	ent signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE		D Change Addition	
NAME	GASTON, GERALD N.		1.2 NAME			
STREET ADDRESS	11222 QUAIL ROOST DRIVE MIAMI FL			ADDRESS		
CITY - ST - ZIP TITLE	DPCO	■ DELETE	1.4 CITY-	ST-ZIP	PCO Change 2 Addition	
NAME	BECKER, EUGENE E.	(W) prefet	2.1 TITLE		PCO	
STREET ADDRESS	11222 QUAIL ROOST DRIVE		2.2 NAME		110 W. Seventh St.	
CITY-ST-ZIP	MIAMI FL				Fort Worth, TX 76102	
TITLE	DS	□ DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP	DS Change & Addition	
NAME	GARCIA, LEONARDO F.	Car Decert	3.2 NAME		Heggen, Arthur W.	
STREET ADDRESS	11222 QUAIL ROOST DR.			T ADDRESS	11222 Quail Roost Dr.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-		Miami, FL 33157	
TITLE	VP	DELETE	4.1 TITLE	~:. ***	Change Addition	
NAME	CLEMENT, ALAN M III		4. 2 NAME			
STREET ADDRESS	4250 LAKESIDE DR SUITE 36)4		T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY -			
TITLE	T	☐ DELETE	5.1 TITLE		Change Addition	
NAME	CASTELO, ENRIQUE L.		5.2 NAME			
STREET ADDRESS	11222 QUAIL ROOST DRIVE		5.3 STREE	T ADDRESS		
CITY-ST-2IP	MIAMI FL		5.4 CITY-1	ST-ZIP		
TOLE	VPAS	☐ DELETE	6.1 TITLE		Change Addition	
NAME	MAY, DAVID P.		6.2 NAME			
STREET ADDRESS	110 WEST SEVENTH STREET	Ţ	6.3 STREE	T ADDRESS		
CITY-ST-ZIP	FT. WORTH FL		6.4 CITY-			
14. I do hereb informatio	by certify that the information suppli in indicated on this annual report or	ed with this filing does not quali	fy for the exe	emption st	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
I am an of	flicer or director of the perporation	the receiver or trustee empoy	ered to exec	cute this re	that in Section 119.07(3)(), Florida Statutes. Frurmer certify that the lithat my signature shall have the same legal effect as if made under oath; the eport as required by Chapter 607, Florida Statutes; and that my name	
appears	is brook in the brook from the treating control	or on extra cardenal cut aviil bean sidi	AI (500)			

David P. May