


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

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90053 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **215436**
 1. Corporation Name
GREYHOUND LEISURE SERVICES, INC.



Principal Place of Business: 8052 NW 14TH STREET, P.O. BOX 592355, MIAMI FL 33126
 Mailing Address: 8052 NW 14TH STREET, P.O. BOX 592355, MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/13/1958**
 4. FEI Number: **59-0861908** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP & S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYRE, SCOTT E.	1.2 NAME	DAMIANO J. PIGNATO
STREET ADDRESS	1850 N. CENTRAL	1.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIQUEL, JEAN-PIERRE	2.2 NAME	
STREET ADDRESS	8052 N.W. 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHANNON, ROBERT H.	3.2 NAME	GREGORY M. NICHOLS
STREET ADDRESS	1850 N. CENTRAL	3.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERHIGE, MICHAEL	4.2 NAME	STEPHEN G. CHAIT
STREET ADDRESS	8052 N.W. 14TH STREET	4.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP & Assist. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, RONALD G.	5.2 NAME	SONIA JENSEN
STREET ADDRESS	111 W CLARENDON AVE	5.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	SR VP & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE A	6.2 NAME	JORGE A. FERNANDEZ
STREET ADDRESS	8052 NW 14TH ST	6.3 STREET ADDRESS	8052 NW 14th Street
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33126

14. I 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, with all other like empowered.

SIGNATURE: _____ Date: **Jan 15/99** (301) 594-9378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)