



STATE OF ARIZONA  
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
DOMESTIC

FOR FISCAL YEAR ENDING 11/30/1996 4/95

DUE ON OR BEFORE 03/15/1997 4/95

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0117219-1  
Corporation Name: HOPE'S TRAVEL, INC.  
Address: 1115 E FLORENCE BLVD STE L

RECEIVED

FEB 20 1997

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

City, State, Zip: CASA GRANDE AZ 85222-  
Domicile: ARIZONA  
Type: PROFIT

Arizona Statutory Agent: DUANE WALLACE  
Street Address: 1115 E FLORENCE BLVD STE L  
(NOT P.O. BOX)

City, State, Zip: CASA GRANDE AZ 85222-

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 16. General Consulting  | <input type="checkbox"/> 31. Restaurant/Bar                      |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 17. Health Care         | <input type="checkbox"/> 32. Retail Sales                        |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 18. Hotel/Motel         | <input type="checkbox"/> 33. Science/Research                    |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 19. Import/Export       | <input type="checkbox"/> 34. Sports/Sporting Events              |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 20. Insurance           | <input type="checkbox"/> 35. Tax Services                        |
| <input type="checkbox"/> 6. Attorneys at Law    | <input type="checkbox"/> 21. Legal Services      | <input type="checkbox"/> 36. Technology (Computer)               |
| <input type="checkbox"/> 7. Banking/Finance     | <input type="checkbox"/> 22. Manufacturing       | <input type="checkbox"/> 37. Technology (General)                |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry  | <input type="checkbox"/> 38. Television/Radio                    |
| <input type="checkbox"/> 9. Construction        | <input type="checkbox"/> 24. Mining              | <input type="checkbox"/> 39. Tourism/Convention Services         |
| <input type="checkbox"/> 10. Contractor         | <input type="checkbox"/> 25. News Media          | <input type="checkbox"/> 40. Transportation                      |
| <input type="checkbox"/> 11. Credit/Collection  | <input type="checkbox"/> 26. Pharmaceutical      | <input type="checkbox"/> 41. Utilities                           |
| <input type="checkbox"/> 12. Education          | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/<br>Animal Care |
| <input type="checkbox"/> 13. Engineering        | <input type="checkbox"/> 28. Ranching/Livestock  | <input checked="" type="checkbox"/> 43. Other TRAVEL AGENCY      |
| <input type="checkbox"/> 14. Entertainment      | <input type="checkbox"/> 29. Real Estate         |  |
| <input type="checkbox"/> 15. Farming            | <input type="checkbox"/> 30. Resort              |  |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ <u>45</u>

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less XX

26 - 100 \_\_\_\_\_

101 - 500 \_\_\_\_\_

Over 500 \_\_\_\_\_

3. -- If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below --  
-- and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. --

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Duane Wallace OPT  
Statutory Agent Name  
Duane Wallace  
Signature

1115 E Florence Blvd Ste L  
Address  
Casa Grande AZ 85222  
City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	COMMON	A	1.00

Number of Shares Issued	Class	Series	Par Value
5,000	COMMON	A	1.00

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here XX and go on to Section 6.)

**PRESIDENT:** HOPE WALLACE

Address: 1115 E FLORENCE BLVD #L

CASA GRANDE, AZ 85222-

Date taking office: 06-01-82

**VICE PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**SECRETARY:** DUANE WALLACE

Address: 1115 E FLORENCE BLVD #L

CASA GRANDE, AZ 85222-

Date taking office: 06-01-82

**TREASURER:** DUANE WALLACE

Address: 1115 E FLORENCE BLVD #L

CASA GRANDE, AZ 85222-

Date taking office: 06-01-82

6. **DIRECTORS** (If no changes since last report, check here XX and go on to Section 7.)

**NAME:** HOPE WALLACE

Address: 1115 E FLORENCE BLVD #L

CASA GRANDE, AZ 85222-

Date taking office: 06-01-82

**NAME:** DUANE WALLACE

Address: 1115 E FLORENCE BLVD #L

CASA GRANDE, AZ 85222-

Date taking office: 06-01-82

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here XX and go on to Section 8.)

**NAME** DUANE WALLACE

**NAME** HOPE WALLACE

**NAME** \_\_\_\_\_

**NAME** \_\_\_\_\_

**Schedule L Balance Sheets**

Beginning of tax year

End of tax year

Assets		(a)	(b)	(c)	(d)
1	Cash .....		178,929.		133,514.
2a	Trade notes and accounts receivable .....	38,933.		30,083.	
b	Less allowance for bad debts .....	( )	38,933.	( )	30,083.
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities .....				
6	Other current assets STMT 8 .....		189.		7,372.
7	Loans to stockholders .....				45,000.
8	Mortgage and real estate loans .....				
9	Other investments .....				
10a	Buildings and other depreciable assets .....	137,361.		160,519.	
b	Less accumulated depreciation .....	( 87,740. )	49,621.	( 93,998. )	66,521.
11a	Depletable assets .....				
b	Less accumulated depletion .....	( )		( )	
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....	( )		( )	
14	Other assets STMT 9 .....		10,000.		10,000.
15	Total assets .....		277,672.		292,490.
Liabilities and Stockholders' Equity					
16	Accounts payable .....		27,629.		23,341.
17	Mortgages, notes, bonds payable in less than 1 year .....		4,426.		
18	Other current liabilities STMT 10 .....		12,113.		
19	Loans from stockholders .....				
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities .....				
22	Capital stock: a Preferred stock .....				
	b Common stock .....	5,000.	5,000.	5,000.	5,000.
23	Paid-in or capital surplus .....				
24	Retained earnings - Appropriated (attach schedule) .....				
25	Retained earnings - Unappropriated .....		260,689.		296,334.
26	Less cost of treasury stock .....		( 32,185. )		( 32,185. )
27	Total liabilities and stockholders' equity .....		277,672.		292,490.

**9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)**

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;

2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;

3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

(a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or

(b) involved the violation of the consumer fraud laws of that jurisdiction, or

(c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES \_\_\_\_\_

NO XXX

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).

5. Date and location of birth.
6. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

**9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)**

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No XXX

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By K. H. Wallace Date 2-18-97

By Quane Wilcox Date 2/15/97

Title \_\_\_\_\_ PRESIDENT

Title \_\_\_\_\_ SECRETARY