SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE.

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 97 SEP -8 AMII: 27 Socretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE ALLAHASSEE, FLORIDA DOCUMENT # F58898 (0)TRAVEL MOORE INC. Principal Place of Business Mailing Address 7636 S.W. 117TH AVE. 7636 S.W. 117TH AVE. MIAMI FL 33183-3822 MIAMI FL 33183-3822 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified <u>12/17/1981</u> 10/07/1996 2. Principal Place of Business 4. FEI Number 2s. Mailing Address Applied For wn 128 /11/ 15150 N.W. 59-2152712 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be miam 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALLEN, ATTY, AT LAW, KEITH 6101 S W 76 STREET Street Address (P.O. Box Number is Not Acceptable) 82 S. MIAMI FL 33143 **R**3 84 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. CR2E034 (4/97 PSDT DELETE TITLE 1.1 TITLE MOORE, JOAN W NAME 1.2 NAME ****165.00 ****165.00 7636 SW 117TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City-St-ZiE DELETE Change Addition TITLE 2.1 HHE MOORE, THOMAS LOVICK 2.2 NAME NAME 7636 SW 117TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE **∑**AME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 12 if changed, or on an attachment with an address.

Pura 26 1997 (910)2272710

Travel Moore, Inc.

Dade Westerf Center

7636 S.W. 117 August Miami, Florida 33183 (305) 271-2710

STATE OF FLORIDA
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

The Corporate Anual Report for the above named Agency was sent to the wrong address. This is a duplicate filing and payment as the form went to the old address.

Please note new address and post the \$165.00 fee, as we have been instructed, on this date, before Sep. 15, 1997.

Thank you for your prompt attention in this matter.

JOAN WEST MOORE, PRES.

travelimore, inc.

