SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

KLEIN. JEFFREY G

Principal Place of Business

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F96000003707 (4)

## TRAVELNET INTERNATIONAL CORP.

2200 NW BOCA RATON BLVD. 2200 NW BOCA RATON BLVD. STE. 220 STE. 220 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 2a. Mailing Address 21 26

9. Name and Address of Current Registered Agent

Country

Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27 City & State City & State 28

29

Zip

Mailing Address

**FILED** Jul 16 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

07/23/1996

65-0675444

4. FEI Number

2800	N. MILITARY TRAIL	82	Street Address (P.O.	. Box Number is Not Acceptable)	<u> </u>
	E 270	62	23/23	S. R. Handley	#3500
BOC	A RATON FL 33431	83			
		84	CityBOUA	RATON	FL 85 Zip Code 33 423
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, it am familiar with, and accept the officerons of section 607.0505, Florida Statutes.					
SIGNATURE Signature, type of grinted nets of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE  ON THE REGISTER OF					
12.	OFFICERS AND DIRECTORS	13.		DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DP DEL	ETE 1.1 TITLE	PRES		Change Addition
NAME	CAMEJO, PEDRO R	1.2 NAME	MACK	COLACURCIO	
STREET ADDRESS	6840 NW 26TH ST.	1.3 STREET	TADORESS /725	SWAN ST	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST	T-ZIP BOC	ARAKON FI 334	K .
TITLE	<b>D</b> DEL	ETE 2.1 TITLE	Sec		
NAME	DOLL-GLADSTONE, LAURI	2.2 NAME		oo New M	16
STREET ADDRESS	7619 MARDELLA TERRACE	2.3 \$TREE1		oo NIV.	
CITY-ST-ZIP	BOÇA RATON FL 33487	2.4 CITY-S	T-ZIP B0	ca Raton, Pl	A 33431
TITLE	D ,	ETE 3.1 TITLE			Change Addition
NAME	HELM, SANDRA	3.2 NAME			
STREET ADDRESS	1317 SW 1ST TERR.	3.3 STREET	TADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-S*	T-ZIP		
TITLE	D DEL	ETE 4.1 TITLE			Change Addition
NAME	GLASSMAN, MORTON	4.2 NAME			
STREET ADDRESS	6241 POINTE REGAL CIRCLE	4.3 STREET	TADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484	4.4 CITY-S	T-ZIP		
TITLE	DEL	ETE 5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET	TADDRESS		
CITY-ST-ZIP		5.4 CITY-S1	1-ZIP		
TITLE	DEL.	ETE 6.1 TITLE			Change Addition
NAME	1	6.2 NAME		4	
STREET ADDRESS	f.	6.3 STREET	1 ADDRESS		
CITY-ST-ZIP	v <u>*</u>	6.4 CITY-S1			
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					

Country

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