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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G61488

(4)

TRAVESCO, INC.

Principal Place of Business

Mailing Address

## **FILED** May 05 1998 8:00am Secretary of State



8419 CITRUS ( ORLANDO FL		8419 CITRUS CHASE DR. ORLANDO FL 32836-5434						
					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			
A Data day of the		De Mallion Astronom			09/22/1983	<del></del>	B ( =	
2. Principal Place of Business 21 991 AROKA STREET 26 991 AROKA ST				cam	4. FEI Number		pplied For	
1   1   1   1   1   1   1   1   1   1			JUK	ee-	59-2335773		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional equired	
City & State City & State					6. Election Campaign Financing		May Be	
23 LONG	WOOD, FL.	28 LONGWODD	o. H.	,	Trust Fund Contribution		to Fees	
Z <sub>Q</sub>	Country	Zip	Cou	LISA	8. This corporation owes or has paid the cu	irrent year Inf	tangible	
24 <i>32750</i>	0-612425 USA	29 32750-6324	30	LISH			No No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
	NDEL, ALAN			81 Name	KANDEL, HLAN			
8419 CITRUS CHASE DRIVE					82 Street Address: (P.O. Box Number is Not Acceptable)			
ORI	LANDO FL 32819			83	TRUED STREET			
				03				
	_			84 City	INGWOOD FL	85 Zip	Code	
11 Purement to	o the provisions of Sactions 607 050	2 and 607 1508. Florida Statu	tes the a	nove-named	corporation submits this statement for the surpose	of changing i	ts registered	
office or re	egistered agery or bolt, justic State	of Florida, Such change was	aulhorize	d by the corp	poration's board of directors. I hereby accept the ap	pointment as	registered	
	n marninar with and accoputing old go	igions of, Section 607.0505, FI	iorida Stal	ines.	4/24/	08		
SIGNATURE	Signature typed or printed name of egovered age	nt and title it applicable (NO	II · Registore	d Agent signature	required when reinstating) DATE	<u> </u>		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12	
TITLE	PSD	☐ DELETÉ	- 1.1 TI	TLE	130	Change	Addition	
NAME	RANDEL, ALAN		1.2 N	ME	RANDEL ALAN			
STREET ADDRESS				REET ADDRESS	RANDEL ALAN 991 ARBEN STEET LONEWOOD, FC. 30760-			
CITY-ST-ZIP	ORLANDO, FL 00000			1Y-ST-ZIP	40N6WOOD, FC, 32760-	<u> </u>		
TITLE		☐ DELETE	2 1 71		•	☐ Change	Addition	
NAME			2.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP		Change	Addition	
TITLE			3.1 TI			change	L. Mudicion	
NAME expect approces			3.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.1 TI	ITY-ST-ZIP TLE		Change	Addition	
NAME			4.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI			☐ Change	Addition	
NAME			5.2 N	<b>IME</b>				
STREET ADDRESS			5.3 S	REET ADDRESS				
CITY-ST-ZIP			5 4 C	TY-ST-ZIP				
TITLE		DELETE	6.1 TI	TLE		Change	Addition	
NAME			6.2 N	ME				
STREET-ADDRESS			6 3 S	REF1 ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
14. I hereby co	ertify that the information supplied w	th this filing does not qualify to annual report is true and ac-	for the exe	emption state	d in Section 119.07(3)(i), Florida Statutes. I further on the nature shall have the same legal effect as if made u	ertify that the nder path: th	e information at Lam an	
officer or o	director of the corporation or the reco	iver ir trustee empowered to	execute	his report as	required by Chapter 607, Florida Statutes; and that	my name ap	pears in	
Block 12 o	or block 13 if changed, or yn an atla	nment with an address	10		1/21/00 (1/2)=	_		
	M114. X	UM. P. O BLA	11/	1.11	1/14/100 (1/14)5	700 700	77 ^	