FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79472 (8)

1. Corporation Name

TRAVELMAX, INC.

Principal Place of Business:
1800 W. HIBISCUS
STE. #116
MELBOURNE FL 32901
US

Mailing Address:
1800 W. HIBISCUS
STE. #116
MELBOURNE FL 32901
US

FILED
9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 01/19/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2361449 — 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 has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

NOHRR, D.A.
100 RIALTO PLACE
I0
MELBOURNE FL 32905

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOHRR, D.A.
STREET ADDRESS	100 RIALTO PLACE
CITY-ST-ZIP	MELBOURNE FL
TITLE	P
NAME	NOHRR, MAXINE
STREET ADDRESS	1800 W HIBISCUS BLVD
CITY-ST-ZIP	MELBOURNE FL
TITLE	D
NAME	NOHRR, P.F.
STREET ADDRESS	100 RIALTO PLACE
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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.

SIGNATURE: Maxine Nohrr (Maxine Nohrr) 4/27/95 (407)676-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0066236 CP