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PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham: Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # H7210		H72104	(3)			
•	ON L. TRAVIS, I	INC.			* 18818/1 BIII 18818 1183/ 1181/ 8	
Principal Place	of Business	М.	ailing Address			ANI OPER OLDEN DIBIN BIBAR BEDER BEBUI BIBAN INDE
7100 W 20 AVE. #213 HALEAH FL 33016			7100 W 20 AVE. #213 HIALEAH FL 33016	3		
					3. Date incorporated or Qualified 08/10/1985	3a. Date of Last Report 03/14/1995
2. Principal Pla 21	ace of Business	2a. 26	Mailing Address		4. FEI Number 50-0560004	Applied For
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.		59-2563931	Not Applicable
22 Orty & State		27	City & State	···	Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	Count	28			Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
24	25	29 ess of Current Regis		Country 30	8. This corporation has liability for Florida Statutes Yes	> □ No
	8. Hanne end Asset	985 Of Cuffell negle	lereo Agem	81 Name	10. Name and Address of New F	tegistered Agent
7100 V ,	5, BURTON L. V 20 AVE. #213 AH FL 33016			83	dress (P.Ö. Box Number is Not Acceptat	ole)
		* 007 0000 and 00	************	84 City		FL 85 Zip Code
or registere familiar wit	ed agent, or both, in the h, and accept the oblig	tions 607.0502 and 60. e State of Florida. Such pations of Section 607.0	0505, Florida Statutes.	u by the corporation's bo	oration sutimits this statement for the pular of directors. Thereby accept the app	pose of changing its registered office ointment as registered agent. I am
12.	algi as ke, typika bi printeo meni	OFFICERS AND DIREC		Hagistaron Agent signaturo roqui	ADDITIONS/CHANGES TO OFF	DA'E
TITLE	DP		☐ DELETE	1. 1 Tifue	ADDITIONS OF ANGLE TO OFF	Change Addition
NAME STREET ADDRESS	TRAVIS, BURTO 7100 W. 20TH			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL		- Driete	1.4 CHY-ST-ZIP		
NAME			☐ DELETE	2 1 THLE 2 2 NAME		Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2 4 Cr1Y - ST - ZIP		
THE			DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS				3 2 NAME		
CITY-ST-ZIP				3.3 STHEET ADDRESS 3.4 CITY - ST - ZIP		
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4 1 IFILE	7 11 14 14 14 14 14 14 14 14 14 14 14 14	Change Addition
NAME				4.2 NAME		<u> </u>
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			FILDSLETE	4 4 CiTY - S1 - ZiP		
NAME			DELETE	5 1 Table		Change Addition
STREET ADDRESS				5.3 STHEET ADDRESS		
CITY-ST-ZIP				5 4 CITY - ST - ZIF		
TITLE			□ DELETE	6 1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		

CR2E034 (12/95)

SIGNATURE: BURTON SIGNATURE AND THE OF SIGNATURE OF OF SIGNATU

€ 4 C/TY - \$1 - Z/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Fiorida Statutes: I further certify that the information indicated on this armual 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.

CITY-ST-ZIP