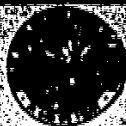


PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Gerald B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 9:59

DOCUMENT # J29349

(4)

1. Corporation Name

FLORIDA TRAVEL CENTER, INC.

Principal Place of Business

% EDWARD J. MORAN
47 E. ROBINSON ST.
ORLANDO FL 32801

Mailing Address

% EDWARD J. MORAN
47 E. ROBINSON ST.
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1986

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2708680

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

9. Name and Address of Current Registered Agent

MORAN, EDWARD J.
47 E. ROBINSON ST.
ORLANDO FL 32801

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
MORAN, ULLIAN M.
47 E. ROBINSON ST.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

STD
MORAN, EDWARD J.
47 E. ROBINSON ST.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
MORAN, CRAIG A.
47 E. ROBINSON ST.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
MORAN, LYNN A.
47 E. ROBINSON ST.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
MORAN, CARON E.
47 E. ROBINSON ST.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
MORAN, KRISTEN L.
47 E. ROBINSON ST.
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

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 110.07(3)(k), 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:

Lillian M. Morahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95 (407) 648-8297
Date (Daytime Phone)

CR2E034 (3/95)