

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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1996 MAY -3 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J44811** (4)

1. Corporation Name  
**THE TRAVEL STATION, INC.**

Principal Place of Business  
**3732 N.W. 16TH ST.  
FORT LAUDERDALE FL 33311**

Mailing Address  
**3732 N.W. 16TH ST.  
FORT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified **12/02/1986** 3a. Date of Last Report **04/25/1995**

4. FEI Number **59-2743536** 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  Yes  No

2. Principal Place of Business

21 **10242 NW 47<sup>th</sup> ST**

22 **Suite # 37**

23 **SUNRISE, FL**

24 **33351** 25 **USA**

2a. Mailing Address

26 **SAME**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FILINGS INC.  
3732 N.W. 16TH ST.  
FORT LAUDERDALE FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S**  DELETE  
NAME **HEYMAN, BONNIE**  
STREET ADDRESS **3732 NW 16TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V**  DELETE  
NAME **HEYMAN, LESLIE**  
STREET ADDRESS **3732 NW 16TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS BONNIE Heyman**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **10242 N.W. 47<sup>th</sup> ST, Suite # 37**  
1.4 CITY-ST-ZIP **SUNRISE, FL. 33351**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE **VP**  Change  Addition  
3.2 NAME **TRACIE Heyman**  
3.3 STREET ADDRESS **3732 NW 16ST**  
3.4 CITY-ST-ZIP **Fort LAUDERDALE FL 33311**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **10000181071**  
5.4 CITY-ST-ZIP **-05/07/96--01032--001**  
**\*\*\*\*200.00 \*\*\*\*200.00**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition  
**7/5/96 5/6/96**

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(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: *Bonnie Heyman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)