

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

**APPROVED  
AND  
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1997 APR 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J44811 (4)**

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

Principal Place of Business <b>10242 N.W. 47TH ST. SUITE 37 SUNRISE FL 33351</b>	Mailing Address <b>10242 N.W. 47TH ST. SUITE 37 SUNRISE FL 33351-7967</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>12/02/1986</b>	3a. Date of Last Report <b>05/03/1996</b>
4. FEI Number <b>59-2743536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HEYMAN, BONNIE	
STREET ADDRESS	10242 N.W. 47TH ST, SUITE 37	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEYMAN, LESLIE	
STREET ADDRESS	3732 NW 16TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEYMAN, TRACIE	
STREET ADDRESS	3732 NW 16TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	300002160065	Change	Addition
1.2 NAME	-04/30/97--01030--011		
1.3 STREET ADDRESS	****165.00		
1.4 CITY-ST-ZIP	****165.00		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	33311		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 4/14/97 (954) 249-1100

BONNIE HEYMAN \_\_\_\_\_ Date Daytime Phone #

CR2E034 (9/96)