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

Block 12 or Block 13 if changed, or

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1998 DIVISION OF CORPORATIONS 28 APR 30 PM I2: 04 DOCUMENT # J44811 CARLAGA OF STATE THE TRAVEL STATION, INC. Principal Place of Business Mailing Address 10242 N.W. 47TH ST. 10242 N.W. 47TH ST. SUITE 37 SUITE 37 SUNRISE FL 33351 SUNRISE FL 33351 -DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2743536 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS INC. 3732 N.W. 16TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 83 84 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, typod or printed name of registerest agent and High applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition HEYMAN, BONNIE NAME 1.2 NAME 500002511785--10242 N.W. 47TH ST, SUITE 37 STREET ADDRESS --05/05/98 ---01114 ---022 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY - ST-ZIP ****150_00 <u>****150.00</u> DELETE TITLE 21 TITLE HEYMAN, LESLIE NAME 22 NAME 3732 NW 16TH ST STREET ADDRESS 23 STHEET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HEYMAN, TRACIE NAME 3.2 NAME 3732 NW 16TH ST STREET ADORESS 3.3 STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP 3.4 CITY - S1 - ZIP DELETE TITE F 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 supplicmental 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 trusted employees it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/11/08