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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 93 IPR 26 PH 12: 09 STATE OF STATE

THE TRAVEL STATION, INC.					
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					THE REPORTED THE REPORT OF THE
Principal Place		Mailing Address			
10242 N.W. 47TI SUITE 37	H ST.	10242 N.W. 47TH ST. Suite 37			
		SUNRISE FL 33351		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				12/02/1986	
2. Principal Pl	lace of Business	2a, Mailing Address		4, FETNumber	Applied For
21		26		59-2743536	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
27 27					
—¬, '		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zq:	Country	8. This corporation owes the current year li	
24	[25]	[29]	10	Personal Property Lax	[Yes [No
<u></u>	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered	l Agent
Pat Ind	100 1110		81 Name		
FILINGS INC. 3732 N.W. 18TH ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
	T LAUDERDALE FL 33311				
ron	T DAUDENDALE I'L 35311		83		
			84 City	F-	85 Zip Code
	ii n. 115	4 602 4500 50 33 500 40		FI	-
office or re	to the provisions of Sections 607.0002 egistered agent, or both, in the State of	and 607,1508, Florida Statutes Florida, Such change was auf	s, the above harried corporate horized by the corporate	oration submits this statement for the purpose con's board of directors. Thereby accept the appoint	ontment as registered
agent. I ar	m familiar with, and accept the obligation	nns of, Section 607.0505, Flori	Ja Statutes		
SIGNATURE	Signature Typed of probed name of registered a post	and titly it application (NOTE E	tegatea 1 April 18 girat ia ita pilo	gasterije indika. DATE	
12.	OFFICERS AND		1 3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD	[DELETE	1 1 Talle		[Change [Addition
NAME	HEYMAN, BONNIE		1.2 NAME		
STREET ADDRESS	10242 N.W. 47TH ST, SUITE 37		1.3 STREET ADORESS		
CITY-ST-ZIP	SUNRISE FL 33351		14 C(Ty - S1, 7(P)		
TITLE	V	E.I DELETE	2 1 TITUE		[Change [Addition
NAME	HEYMAN, LESLIE		2.2 NAME	50000285 -04/29/99-1	(4452) 01120002
STREET ADDRESS	3732 NW 16TH ST		23 STREET ADDRESS	-047 <i>23733</i> -1 ****150.01	-01120000 } ****150.80
CITY-ST-ZIP	FT LAUDERDALE FL 33311	[] DELFTE	2.4 G(Tx+ST-Z)(2)	赤赤木を1つU。UI	[]Change []Addi
TITLE	VP HEVMAN TRACIE	[DELCTE	3) THE		Floureide Flynd.
NAME .	HEYMAN, TRACIE 3732 NW 16TH ST		32 NAME LADORESS		
STREET ADDRESS	FT. LAUDERDALE FL 33311		3.4 City - \$1 - Zin		
CITY-ST-ZIP	I I DOULTONLL (E 3301)	[LOFLETE	4 1 Tales		[Change [Adi
NAME		-	4.2 NAM:		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 City St.Zar		
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NAME			5.2 NAM:		1
STREET ADDRESS			50 STREET ADORES!		
CITY-ST-ZIP			54 CiTy -\$1 - 717		
TITLE		[DELFTE	61 TillE		[Change
NAME			6.2 NAM:		-63
STREET ADDRESS			63 STREET ADDRESS		/XI)
			EACITY ST 20		1 4 4 /

14.01 \$1.26

14. Thereby certify that the information supplied with this filling 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 employers 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 with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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