


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K48722** (8)  
1. Corporation Name  
**ONE STOP TRAVEL CENTERS OF TAMPA, INCORPORATED**

Principal Place of Business <b>110 S. HOOVER BLVD. SUITE 119 TAMPA FL 33629</b>	Mailing Address <b>PAUL C. DAVIS, ESQUIRE P.O. BOX 3239 TAMPA FL 33602</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1901 N. 13TH STREET</b> Suite, Apt. #, etc. 22 <b>101</b> City & State 23 <b>TAMPA, FLORIDA</b> Zip Country 24 <b>33605</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1901 N. 13TH STREET</b> Suite, Apt. #, etc. 27 <b>101</b> City & State 28 <b>TAMPA, FLORIDA</b> Zip Country 29 <b>33605</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>12/02/1988</b>
		4. FEI Number <b>59-2918350</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CAREY, MICHAEL R  
100 S. ASHLEY DRIVE STE 110  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <b>STANTON, JOHN</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P WADE, SUSAN</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>100 NORTH TAMPA STREET SUITE 2150</b>	1.2 NAME	<b>1901 N. 13TH STREET, SUITE 101</b>
STREET ADDRESS	<b>TAMPA FL 33602</b>	1.3 STREET ADDRESS	<b>TAMPA, FLORIDA 33605</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>S SHUPTRINE, EDITH</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>100 NORTH TAMPA STREET SUITE 2150</b>	2.2 NAME	<b>MCCARTHY, ERIN</b>
STREET ADDRESS	<b>TAMPA FL 33602</b>	2.3 STREET ADDRESS	<b>1901 N. 13TH STREET, SUITE 101</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>TAMPA, FLORIDA 33605</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

*Susan Wade*

4/6/98

347-1915

CR2E034 (10/97)