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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91332

(1)

TRAVEL MEDIA GROUP, INC.

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FILED	
Apr 20 1998 8:00am	1
Secretary of State	



Principal Place	of Business	Mailing Addres	SS.			I LEGISPAL SID IBIDA (CROS ILLIO ILLIO (1991 AID)	#1815 #4811 #1811 #1811 I	1004
•		-						
P.O. BOX 69-4243 MIAMI FL 33269-1243			P.O. BOX 69-4243 Miami FL 33269-1243				00.05	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 08/01/1990		
2. Principal Pi	ece of Business	26. Mailing Add	dress			4. FEI Number	Applied	For
21		26				65-0208613	Not App	licable
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.				\$8.75 Additio	onal
22		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State)			6. Election Campaign Financing	\$5.00 May I	Re
23		28				Trust Fund Contribution	Added to Fee	
Zip	Country	Zip	Ci	ountry		8. This corporation owes or has paid the cu	rept vear Intangib	le
24	25	29	30				Yes □ No	
	9. Name and Address of C			Τ.,		10. Name and Address of New Registered	Agent	
FOI	RMAN, MICHAEL			81	Name			
	O N.E. 204TH TERRACE				60 A . I .	(D.O. Farables In Mark Association)		
	MI FL 33179			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
. 1911/	WIN 1 E 00170			63				
				В4	City	FL	85 Zip Code	
44 Directions	a the manufactors of Continuo CC	7.0600 and 607.1600 Ela	rida Ctatuton, the		nomed on	poration submits this statement for the purpose c	t changing its regi	elered
office or re	ealstered agent, or both, in the	State of Florida, Such cha	ange was authoriz	eo by	the corpora	ation's board of directors. I hereby accept the app	pointment as regist	ered
agent. I ar	n familiar with, and accept the	obligations of, Section 60	7.0505, Florida St	atutes	S .			
SIGNATURE			The state of the s			uired when reinstating) DATE		
12,	Signature, typed or printed name of registor	RS AND DIRECTORS	(NOTE: Registe		all signature redu	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 1	12
TITLE	PD			TITLE		7.00 THOUSE THE THOUSE THE PARTY OF THE PART		Addition
NAME	FORMAN, MICHAEL			NAME				
1	1060 N.E. 204TH TERRA	ICE			*DDDEGG			
STREET ADDRESS	MIAMI FL	IOL .			ADDRESS			
CITY-ST-ZIP	MKAMI L			CITY-S	1 - ZIP		Change .	Addition
TITLE		البيا						, iodition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	ST-ZIP		D Chara	Addition.
TITLE		U		TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP				. CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
TITLE		U	DELETE 4.1	TITLE			Change :	Addition
NAME			4. 3	2 NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			
CITY-ST-ZIP			4.4	CITY-S	T-ZIP			
TITLE			DELETE 5.1	TITLE			Change .	Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			
TITLE				TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS					ADDRESS			
•				CITY-S				
CITY-ST-ZIP	add that the information our	liad with this filing door or				n Section 119.07(3)(i) Florida Statutes I further o	artifu that the inforce	mation

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 trustoe 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 any address.