


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P28170 (9) 1. Corporation Name TRAVELMAT, INC.					
Principal Place of Business 13860 US 41 NORTH NORTH FT. MYERS FL 33903 US			Mailing Address 13860 US 41 NORTH NORTH FT. MYERS FL 33903 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/15/1990 3a. Date of Last Report 09/29/1995 4. FEI Number 22-2040322 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 190.03, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CULAR, MATTHEW D., JR. 5849 SANDBURG DR. N. FT. MYERS FL 33903				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 _____ <small>Signature, typed or printed name of registered agent and filed application (NOTE: Registered Agent signature required when re-registering) (DATE)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	Secretary - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULAR, MATTHEW D., JR.		12 NAME	TREASURER	
STREET ADDRESS	5849 SANDBURG DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL		14 CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> DELETE	21 TITLE	Pres - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULAR, NATASHA A.		22 NAME		
STREET ADDRESS	5849 SANDBURG DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL		24 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULAR, NATASHA A.		32 NAME		
STREET ADDRESS	5849 SANDBURG DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL		34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Matthew D. Cular
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW D. CULAR

6-20-96

(941)
334-1276

Date: Display Phone #

CR2E034 (3/96)