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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000069697 (7)

TRAVEN, INC.

FILED Feb 25 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					-	TI BOLLA OLLID INION NITAO LOUIN ISON IONI	
1420 CORAL RIDGE DRIVE 1420 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					09/11/1995		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21		26			65-0640530	Not Applicab	
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	O	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ziji	Country		8. This corporation owes or has paid	the current year Intangible	
24	25	29	30		Personal Property Tax due June 3		
	9, Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Regi	stered Agent	
KPAMER, 90077-H-E60.							
	1900 DISCAYNE BLVD.	ss (P.O. Box Number is Not Acceptable)				
SUITE 281 1420 CORAL PIDGE DRIVE							
M	IAMI FL 9918 1		83		-		
			84	City		85 _Zip Code	
				CORA	L SPRINGS	FL 3207/	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	lutes, the above-	named corpo	oration submits this statement for the pur	pose of changing its registere	
agent La	ogistered agent, or born, in the s m familiar with, and a logpt the c	state of Florida, Such change was obligations Section 9,7.0505,	Florida Statutes.	ine corporatio	on's board of directors. I hereby accept	ne appointment as registered.	
SIGNATURE Y ALLY S STOLLS					1	12/18/0V	
	Signature, typed or pyriod natogot register	Applicable / Comment		signature required	d when reinstating)	DATE 11010	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE	7	Tanin Bruker	Change	
NAME	BRECHER, TRACY		1.2 NAME		Thuy Bruhes 20 CORAL RIDG		
STREET ADDRESS	-0016 MAHOGANY-DRIVI	-,	1.3 STREET A	DDRESS / 😽	TO CORUL KIDO	* DRIVE	
CITY-ST-ZIP	GATHERSBURG MD 20		1.4 CITY - ST -	ZIP COL	part springs	FU. 3307/	
TITLE	VSTD	DELETE	2.1 TITLE			Change Addition	
NAME	BRECHER, STEVEN		2.2 NAME	114	2.0 (.00.4		
STREET ADDRESS	9816 MAHOGANY DRIVI	•	2.3 STREET A	م ما	20 coral ridge	P DATION	
CITY-ST-ZIP	GAITHERCBURG MD 20	The second secon	2. 4 CITY - ST	-ZIP C/C	peme speinos,	FL. 3307	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A				
CITY - ST - ZIP		Therese	3.4 CITY-ST	- ZIP		Obores Laure	
TITLE		☐ DELFIE	4.1 TITLE			L.J. Change L.J. Additio	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY - ST-	ZIP		T ALPR	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	I			
CITY-ST-ZIP			5.4 CITY - ST-	- 21P			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
Name			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
CITY-ST-ZIP			6.4 CITY - ST-	ZIP			

14. Thereby cortify 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 coreover or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

2/18/98