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

PROFIT CORPORATION ANNUAL REPORT 1998

Suite, Apt. #, etc.

City & State

23

Zip



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079880 (7)

Country

TRAVELUS PUBLISHING INC.

Principal Place of Business Mailing Address 3974 WOODCOCK DRIVE 3974 WOODCOCK DRIVE SUITE 100 SUITE 100 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 2a. Mailing Address 26

27

28

Suite, Apt. #, etc.

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Zip

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 10/17/1995

59-3350829

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4, FEI Number

| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No |
|---|---|-------------|-------------|--------|--------------|---|
| g. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent |
| SAFER, ELIOT J 81 Nam | | | | | | |
| 3974 WOODCOCK DRIVE | | | | 82 | Ctroot | Address /D.O. Pay Number in Net Assertable |
| SUITE 100 | | | | 02 | Sileet | Address (P.O. Box Number is Not Acceptable) |
| JACKSONVILLE FL 32207 | | | | 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 | | | | | | |
| | Signature, typed or printed name of registered ag | | | d Agen | t signature | required when reinstating) DATE |
| 12. | | D DIRECTORS | 13. | | ₋ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD COCKE CLARKE | L DEL | EIE 1.1 TI | TLE | | Change Addition |
| NAME | SPEVAK, ELAINE J | | 1.2 N | ME | | |
| STREET ADDRESS | 828 OLD GROVE MANOR | | 1.3 ST | REET A | NDDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | TY-ST | - ZIP | |
| TITLE | STD | DEL | ETE 2.1 TT | TLE | 1 | Change Addition |
| NAME | SPEVAK, SAM | | 2.2 N | ME | | |
| STREET ADDRESS | 828 OLD GROVE MANOR | | 2,3 57 | REET A | ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | | 2, 4 C | ITY-ST | - ZIP | |
| TITLE | · | ☐ DEL | ETE 3,1 TI | TLE | | Change Addition |
| NAME | | | 3.2 N/ | ME | l | |
| STREET ADDRESS | | | 3.3 ST | REET A | DDRESS | |
| CITY-ST-ZIP | | | 3.4. C | ITY-ST | - ZIP | |
| TITLE | | DEL | ETE 4.1 TT | ΓLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 N | AME | | |
| STREET ADDRESS | | | 4.3 ST | REET A | DDRESS | |
| CITY-ST-ZIP | | | 4.4 CF | TY-ST | - ZIP | |
| TITLE | - *** | DEL | ETE 5.1 TIT | LE | | Change Addition |
| NAME | | | 5.2 NA | ME | | |
| STREET ADDRESS | | | 5.3 ST | REET A | DDRESS | |
| CITY-ST-ZIP | | | 5,4 Cf | TY-ST- | - ZIP | |
| TITLE | | DEL | ETE 6.1 TIT | LE | | Change Addition |
| NAME | | | 6.2 NA | ME | | |
| STREET ADDRESS | | | 6.3 ST | reet a | DORESS | |
| CITY-ST-ZIP | | | 6.4 CI | | | |
| 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 eath; that I am an | | | | | | |

Country

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.

Elainin Sous DI HIRED SIGNATURE: