


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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000087322 (0) 1. Corporation Name TRAVIS TROPHIES AND JEWELRY, INCORPORATED			
Principal Place of Business 1868 N TAMiami TRAIL NORTH FT MYERS FL 33917		Mailing Address 1868 N TAMiami TRAIL NORTH FT MYERS FL 33903-3366	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/14/1995	
22 City & State	27 City & State	3a. Date of Last Report 05/01/1996	
23 Zip	28 Zip	4. FEI Number APPLIED FOR 65-0661886	
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent HILL, JOAN 1868 N TAMiami TRAIL NORTH FT MYERS FL 33917		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	
		FL	
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 fee, if applicable (If Officer, Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	T	<input type="checkbox"/> DELETE	
NAME	HILL, WILLIAM E		
STREET ADDRESS	1868 N TAMiami TRAIL		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	HILL, JOAN		
STREET ADDRESS	1868 N TAMiami TRAIL		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	TRAVIS, HAROLD		
STREET ADDRESS	1868 N TAMiami TRAIL		
CITY-ST-ZIP	NORTH FT MYERS FL 33917		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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			



CR2E034 (9/96)

SIGNATURE:

JOAN HILL
3/11/97 - 94 3321501