FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 50.00								FILED		
COR	PROFIT RPORATIO				dra B. M	orwam	TE	Jan 23 1998	8:00an	1
ANNUAL REPORT 1998				Secretary of DIVISION OF COR		1		Secretary of State		
DOCUN 1. Corporation				7708	(2)					
TRAVE	LMAX OF	CENTRAL FLOI	RIDA, INC							
Principal Place	e of Business		Maili	ng Address		_				
680 W KENN				W KENNEDY	BLVD					
ORLANDO FL	_ 32810		OR	ORLANDO FL 32810				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	•	
				Pailing Aufaire				03/25/1996 4. FEI Number		
2. Principal Pl	lace of Busine	ess	28. A	failing Address	S			59-3364066	Applied For Not Applicate	nle
Suite, Apt.	#, etc.			Suite, Apt. #, et	c.				\$8.75 Additional	
22			27					5. Certificate of Status Desired	Fee Required	
City & State	<del></del>		28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	_	Country	29	[ip	30	Country		<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes  No	
24		and Address of Cur		red Agent	[30]			10. Name and Address of New Registere		<u> </u>
WF	RIGHT, MAX	-				81 N	ame Æ	POBERT L REED		
680 W KENNEDY BLVD						<b>82</b> St		ss (P.O. Box Number is Not Acceptable)		
OR	rlando fl	32810				83	080	W. KIENNEDY BIVA.		
						84  Ci	ORU	ANDO F	L 85 32876	
11. Pursuant t	to the provision	ons of Sections 607.0	502 and 607	.1508, Florida Such change	Statutes, ti	he above-na	med corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registere	d ∃
agent. I ar	m familiar with	and accept the ob	igations of	ection 607.05	05, Florida	Statutes.		. /	0/00	
SIGNATURE	Signature, typed o	printed name of fegistered	agent and little if a	applicable.	(NOTE: Rec	istered Agent sig	nature required	d when reinstating) DATE	<del>9/90</del>	
12.			ND DIRECT	ORS /		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	****		<b>☑</b> DELE	TE .	1,1 TITLE		RESIDENT - OWNER	Change Addition	ОП
NAME	WRIGHT	, max (Ennedy blvd				1.2 NAME 1.3 STREET ADDR	1 ' '	BERTL REED BLU 80 W. KENNEDY BLU	d.	
STREET ADDRESS CITY-ST-ZIP		O FL 32810				1.4 CITY-ST-ZIP	A	PLANDO PL 328		
TITLE		7 - 7 - 1 - 1 - 1		☐ DELE	ΓE	2.1 TITLE			Change Additi	ion
NAME						2.2 NAME				
STREET ADDRESS						2.3 STREET ADDR	l l			
CITY-ST-ZIP TITLE				☐ DELE		2. 4 CITY - ST - ZII 3.1 TITLE	-		Change Additi	ion
NAME						3.2 NAME				
STREET ADDRESS						3.3 STREET ADDR	RESS			
CITY - ST - ZIP						3.4. CITY - ST - ŽII	P		T Oberes T Addition	
TITLE				DELE	IE .	4.1 TITLE			Change Additi	UR
NAME , Street address						4. 2.NAME 4.3 STREET ADDR	RESS			
CITY-ST-ZIP						4.4 CITY - ST- ZIP				
TITLE				☐ DELE	ΓE	5.1 DTLE			Change Additi	ion
NAME						5.2 NAME				
STREET ADDRESS						5.3 STREET ADDR				
CITY-ST-ZIP TITLE				DELE	Έ	5.4 CITY - ST - ZIF 6.1 TITLE	-		Change Additi	ian
									the state of the s	

6.2 NAME

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 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

NAME

1/9/98 (407) 875-8484