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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000064012 (3) **DOCUMENT #** 

NATIONAL TRAVEL SERVICE CENTER, INC.

Principal Place of Business Mailing Address 3020 NW 33RD AVE 7177 W OAKLAND PARK BLVD. FT LAUDERDALE FL 33311 LAUDERHILL FL 33313 2. Principal Place of Business 2a. Mailing Address

## FILED Apr 21 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1996 4. FEI Number Applied For 21 65-0683736 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Yes Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FUHRMEISTER, J. CHRISTOPHER 7177 W OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) **LAUDERHILL FL 33313** 83 84 City 11. Pursuant to the prevision lorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. office or registe agent. I am fam SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change Addition GALLANT, GLENN M NAME 1.2 NAME STREET ADORESS 4961 NW 72ND TERRACE 1.3 STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition FUHRMEISTER, J CHRISTOPHER NAME 2.2 NAME 2200 NE 16 CT. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIF

14. Thereby certify that the information suppli-indicated on this annual report to supplior officer or director of the exporation finite Block 12 or Block 13 if changed, in ordan ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE: