

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082071 (6)

1. Corporation Name  
TRAVELERS EMPORIUM INC.

Principal Place of Business

2458 S.W. WARWICK STREET  
PORT ST. LUCIE FL 34984

Mailing Address

2458 S.W. WARWICK STREET  
PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/19/1997

4. FEI Number  
65-0786545

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 1203 SW Sunset Tr.

Suite, Apt. #, etc.

22 City & State  
23 Palm City FL

24 Zip 34990 Country Martin

2a. Mailing Address  
26 1203 S.W. Sunset Tr.

Suite, Apt. #, etc.

27 City & State  
28 Palm City FL

29 Zip 34990 Country Martin

9. Name and Address of Current Registered Agent

MASON, MICHAEL J  
2458 S.W. WARWICK STREET  
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name  
82 Mason, Kathleen  
83 Street Address (P.O. Box Number is Not Acceptable)  
1203 S.W. Sunset Tr.  
84 City  
Palm City FL 85 Zip Code  
34990

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 *Kathleen Mason*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, KATHLEEN F	
STREET ADDRESS	2458 S.W. WARWICK STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZANISZLO, ANDREW	
STREET ADDRESS	2302 S.W. HARRINGTON AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, MICHAEL J	
STREET ADDRESS	2458 S.W. WARWICK STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
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 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 any attachment with an address

SIGNATURE *Kathleen Mason*

4-14-98

42-281-4411

CR2E034 (10/97)