SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58958** **(7)**

1. Corporation Name
TRAVEL TRAX, INC.

Principal Place of Business
2100 S COEAN DR
STE 11CD
FT LAUDEDALE FL 33316
US

Mailing Address
2100 S COENA DR
STE 11CD
FT LAUDERDALE FL 33316
US

3. Date Incorporated or Qualified: **06/12/1991**
3a. Date of Last Report: **07/28/1995**

2. Principal Place of Business
21 2100 S. OCEAN DR.
22 Suite, Apt. #, etc. STE 11CD
23 City & State FT LAUDERDALE FL
24 Zip 33316 25 Country USA

2a. Mailing Address
26 2100 S OCEAN DR.
27 Suite, Apt. #, etc. STE 11CD
28 City & State FT. LAUDERDALE FL
29 Zip 33316 30 Country USA

4. FEI Number: **65-0261639** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LONG, ANFELIQUE
2100 S COEAN DR
STE 11CD
FT LAUDERDLAE FL 33316

10. Name and Address of New Registered Agent
81 Name LONG, ANGELIQUE
82 Street Address (P.O. Box Number is Not Acceptable) 2100 S. OCEAN DR.
83 STE 11 CD
84 City FT LAUDERDALE FL 85 Zip 33316

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 (type or print) name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-staling) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LONG, ANGELIQUE	
STREET ADDRESS	2100 S OCEAN DR STE 11CD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angelique Long 8/2/96 954-527-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)