


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S58958 (7)
1. Corporation Name
TRAVEL TRAX, INC.

| | |
|---|---|
| Principal Place of Business 2100 S. OCEAN RD. SUITE 11CD FT. LAUDERDALE FL 33316 US | Mailing Address 2100 S. OCEAN DR. SUITE 11CD FT. LAUDERDALE FL 33316 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/12/1991 | | 3a. Date of Last Report 08/09/1996 | |
| 4. FEI Number 65-0261639 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. Principal Place of Business 21. 1610 NE 4th PLACE Suite, Apt. #, etc. 22. City & State 23. FT. LAUDERDALE, FL Zip 24. 33301 Country 25. USA | 2a. Mailing Address 26. 1610 NE 4th PLACE Suite, Apt. #, etc. 27. City & State 28. FT. LAUDERDALE, FL Zip 29. 33301 Country 30. USA | | |

9. Name and Address of Current Registered Agent

LONG, ANFELIQUE
2100 S OCEAN DR
STE 11CD
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

| | |
|--|-------------------|
| 81. Name | ANGELIQUE LONG |
| 82. Street Address (P.O. Box Number is Not Acceptable) | 1610 NE 4th PLACE |
| 83. | |
| 84. City | FT. LAUDERDALE FL |
| 85. Zip Code | 33301 |

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---------------------------|
| TITLE | PD | 1.1 TITLE | ANGELIQUE LONG, President |
| NAME | LONG, ANGELIQUE | 1.2 NAME | 1610 NE 4th PLACE |
| STREET ADDRESS | 2100 S OCEAN DR STE 11CD | 1.3 STREET ADDRESS | FT LAUDERDALE FL 33301 |
| CITY-ST-ZIP | FORT LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE

ANGELIQUE LONG

9/1/97

954-500-7951

CR2E034 (4/97)