

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005369 (3)**

1. Corporation Name
DESTINEER CORPORATION



Principal Place of Business
**SECURITY CENTRE SOUTH BUILDING
200 SOUTH LAMAR STREET
JACKSON MS 39201**

Mailing Address
**P.O. BOX 2469
STE#100
JACKSON MS 39255
US**

3. Date Incorporated or Qualified **10/17/1994** 3a. Date of Last Report **04/26/1995**

4. FEI Number **64-0848625** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

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 _____ DATE _____
Signature of Special or Printed Name of Registered Agent and the Corporation (NOTE: Registered Agent Signature is optional) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BHAGHAT, JAI P	
STREET ADDRESS	200 SOUTH LAMAR STREET, SECURITY CENTRE	
CITY-ST-ZIP	JACKSON MS	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	FUGATE, J R	
STREET ADDRESS	200 SOUTH LAMAR STREET, SECURITY CENTRE	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRISS, LEONARD G	
STREET ADDRESS	200 SOUTH LAMAR STREET, SECURITY CENTRE	
CITY-ST-ZIP	JACKSON MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARAH, MASOOD	
STREET ADDRESS	200 SOUTH LAMAR STREET, SECURITY CENTRE	
CITY-ST-ZIP	JACKSON MS	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TREASURER
2.3 STREET ADDRESS	THOMAS R. FERGUSON
2.4 CITY-ST-ZIP	200 S. LAMAR STREET
	JACKSON, MS 39201
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: *Thomas R. Ferguson* Thomas R. Ferguson, Treasurer 4-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)