FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075333 (2)**

1. Corporation Name
DESTINATIONS TRAVEL OF PALM CITY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
870 MARTIN DOWNS BLVD. PALM CITY FL 34990	870 MARTIN DOWNS BLVD. PALM CITY FL 34990

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0525624 ☐ 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	10. Name and Address of New Registered Agent
POUILLE, THIERRY 211 GARDEN ROAD PALM BEACH FL 33480	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME		1.2 NAME	THIERRY POUILLE	
STREET ADDRESS		1.3 STREET ADDRESS	211 GARDEN RD	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		2.2 NAME	RENE DOLBEAU	
STREET ADDRESS		2.3 STREET ADDRESS	13309 MAPLEWOOD RD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		3.1 TITLE	SOPHIE POUILLE	☐ Change ☑ Addition
NAME		3.2 NAME	SECRETARY	
STREET ADDRESS		3.3 STREET ADDRESS	211 GARDEN RD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		4.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME		4.2 NAME	NANCY KNIGHT	
STREET ADDRESS		4.3 STREET ADDRESS	948 NE COUNTRY WAY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
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		6.1 TITLE		☐ Change ☐ Addition
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 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, or on an attachment with an address.

SIGNATURE: Nancy Knight NANCY KNIGHT 4/21/95 407-223-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037A076 CP