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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

82

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000088844**  
1. Corporation Name  
**DiCorte's Travel Inc**

Principal Place of Business Mailing Address  
**900002892169--1**  
**-06/02/99--01032--002**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **6906 Ridge Road** 26 **6906 Ridge Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **Port Richey FL** 27 **Port Richey FL**  
City & State City & State  
24 **34668** 25 **Pasco** 29 **34668** 30 **PASCO**  
Zip Country Zip Country

3. Date Incorporated or Qualified  
**10/19/98**

4. FEI Number **52-2150058** 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 the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent  
81 Name **Karen Yore**  
82 Street Address (P.O. Box Number is Not Acceptable) **82 Ann Circle**  
83  
84 City **Crawfordville** FL 85 Zip Code **32327**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>President / Vice Pres / Sec / Tres</b>	<input type="checkbox"/> DELETE
NAME	<b>Tom DiCorte</b>	
STREET ADDRESS	<b>6906 Ridge Rd</b>	
CITY-ST-ZIP	<b>Port Richey FL 34668</b>	
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 an attachment with an address, with all other like empowered.

SIGNATURE: **Tom DiCorte (by Karen Yore w/ POA)** 5/28/99 727-842-6811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

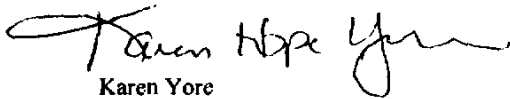
20/2

**DiCorte's Travel, Inc.**  
6906 Ridge Road Port Richey, FL 34668

May 28, 1999

To Whom It May Concern:

Please accept our apologies regarding the tardiness of the attached annual report. The original was never received by this company. Any assistance with penalties would be greatly appreciated since the President of this company is undergoing chemotherapy at this time with great expense.



Karen Yore

For Tom DiCorte with POA