## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	P97000087096
1. Corporation Name	

Principal Place of Business

2833 VENETIAN CT

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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JURKOWICH, MICHAEL J

**GULF BREEZE FL 32561** 

2833 VENETIAN CT

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAVE STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

DREAMCATCHER SHUTTLE SERVICE, INC.

GULF BREEZE FL	32561	GULF BREEZE FL 32561			
2. Principal Plac	ce of Business	2a. Mailing Ad	ldress		
Suite, Apt. #,	etc.	Suite, Apt	#, etc		
City & State		City & Sta	le		
Zip	Country	Zip	Country		
24]	9. Name and Address of Cu	29 rrent Registered Agen	[30] it		

OFFICERS AND DIRECTORS

Mailing Address

2833 VENETIAN CT

<b>JURKOWICH, MICHAEL</b> J
2833 VENETIAN CT
GULF BREEZE FL 32561

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12.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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. Thereby accept the appoint	utruent as registered
		minent by registored
	agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statute's	-
	agent, rann familiar with, and accept the obligations of, pection bor,0000, ritorida Statoles	

1.1 TITLE

21 TITLE

3 1 TITLE

4 1 TITLE

4 2 NAME

5.1 TITLE

6 1 TITLE

6.2 NAME

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82

83 84 City

(NOTE	Registered Agent's gnature required who

13 STREET ADDRESS

2.3 STREET ADDRESS

33 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

34 CITY-ST-ZIP

4.4 CiTY-ST-ZiP

2 4 CiTY+S1-ZiP

14 CITY-SI-ZiP

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•	 ADDITIONS

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

This corporation owes the current year Intangible Personal Property Tax 10. Name and Address of New Registered Agent

10/08/1997 4. FEI Number

59-3473494

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

DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ | Change

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[ ] Addition

14. Thereby 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 or rtify 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 un ler 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 life.

SIGNATURE: Michael J.

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Change	[ ] Additio

Applied For

Fee Required **\$5.00** May Be

Added to Fees

85 Zip Code

Not Applicable \$8.75 Additional

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