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FILED

May 05 1997 8:00am  
Secretary of State

\*PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 638459 (8)

1. Corporation Name  
DESTINY CORPORATION

Principal Place of Business

603 MAIN STREET  
P. O. BOX 1100  
WINDERMERE FL 34786-1100  
US

Mailing Address

603 MAIN STREET  
P. O. BOX 1100  
WINDERMERE FL 34786-1100  
US



|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/28/1979   | 3a. Date of Last Report<br>04/24/1996 |
| 4. FEI Number<br>59-1947258   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DIZNEY, DONALD  
603 MAIN STREET  
WINDERMERE 34786

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

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                      | DC                  | 1.1 TITLE   | D/C/AS |
| NAME                       | DIZNEY, DONALD      | 1.2 NAME  | Same   |
| STREET ADDRESS             | 603 MAIN ST         | 1.3 STREET ADDRESS                                    | Same   |
| CITY - ST - ZIP            | WINDERMERE FL       | 1.4 CITY - ST - ZIP                                   | Same   |
| TITLE                      | PSD                 | 2.1 TITLE   | P/D    |
| NAME                       | ENGLISH, JAMES E.   | 2.2 NAME  | Same   |
| STREET ADDRESS             | 603 MAIN ST         | 2.3 STREET ADDRESS                                    | Same   |
| CITY - ST - ZIP            | WINDERMERE FL       | 2.4 CITY - ST - ZIP                                   | Same   |
| TITLE                      | VS                  | 3.1 TITLE   |        |
| NAME                       | BARKMAN, KEVIN      | 3.2 NAME  |        |
| STREET ADDRESS             | 603 MAIN ST         | 3.3 STREET ADDRESS                                    |        |
| CITY - ST - ZIP            | WINDERMERE FL       | 3.4 CITY - ST - ZIP                                   |        |
| TITLE                      | V                   | 4.1 TITLE   |        |
| NAME                       | DIZNEY, DAVID       | 4.2 NAME  |        |
| STREET ADDRESS             | 603 MAIN ST         | 4.3 STREET ADDRESS                                    |        |
| CITY - ST - ZIP            | WINDERMERE FL       | 4.4 CITY - ST - ZIP                                   |        |
| TITLE                      | V                   | 5.1 TITLE   |        |
| NAME                       | DIZNEY, MICHAEL     | 5.2 NAME  |        |
| STREET ADDRESS             | 603 MAIN ST         | 5.3 STREET ADDRESS                                    |        |
| CITY - ST - ZIP            | WINDERMERE FL       | 5.4 CITY - ST - ZIP                                   |        |
| TITLE                      | T                   | 6.1 TITLE   |        |
| NAME                       | DELEHUNT, JANINE S. | 6.2 NAME  |        |
| STREET ADDRESS             | 603 MAIN ST         | 6.3 STREET ADDRESS                                    |        |
| CITY - ST - ZIP            | WINDERMERE FL       | 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:

*John P. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97  
Date

(407) 876-2200  
Daytime Phone #

CR2E034 (9/96)