**FILED** 

Aug 13 1998 8:00am<sup>8</sup> Secretary of State

SECOND	NOTICE:	CORPORA	TION WILL	. BE DISSOL	VED ON OR	AFTER SE	PTEMBER 30, 1	1998.
AMOUN1	DUE ON O	R BEFORE 09	/30/98: \$550	(IF DISSOLVED,	MINIMUM AMO	UNT DUE TO R	EINSTATE: \$750).	

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	Corporation Name	0002	ľ	U
	NEATH 14 TIALIA			

DOCUMENT # 665213

(5)

<b>DESTINATIONS</b>	EVERYWHERE,	INC.
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DESTINATIONS EVERYWHEN	E, ING.		
Principal Place of Business	Mailing Address	_	
100 2ND AVE. NO. #130 PO BOX 10220 ST PETERSBURG FL 33733-7220	100 2ND AVE. NO. #130 PO BOX 10220 ST PETERSBURG FL 33733-7220		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	

|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

			_				04/01/1980		
2.	Principal Place of Busin	ness	21	Mailing Address			4. FEI Number		Applied For
21			26	)			59-1983166		Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	-	75 Additional se Required
23	City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
24	Zip	Country 25	29	Zip	30	intry	This corporation owes or has paid the curn     Personal Property Tax due June 30.	nt yea Yes	ar Intangible No
	9. Name	and Address of Current	Regi	stered Agent			10. Name and Address of New Registered	gent	
	ALLISON, THO					81	Name		
	1401 618T ST. St.Petersbur	- •				82	Street Address (P.O. Box Number Is Not Acceptable)		
						83		_	
						84	City	85	Zip Code

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		E: Registered Agent signature req	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	DELETE	1.1 TITLE	Change Addition
NAME	ALUSON, THOMAS E		1.2 NAME	
STREET ADDRESS	100 2ND AVE, NO. #130		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP	
TITLE	DP	DELETE	2.1 TITLE	Change Addition
NAME	ALLISON, CYNTHIA B		2.2 NAME	
STREET ADDRESS	100 2ND AVE. NO. #130		2.3 STREET ADDRESS	i de la companya de
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP	
TITLE	STD	DELETE	3.1 TITLE	Change Addition
NAME	FARRELL, DEBORAH P		3.2 NAME	
STREET ADDRESS	100 2ND AVE. NO. #130		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		3.4 CITY-ST-ZIP	
TITLE	DV	DELETE	4.1 TITLE	Change Addition
NAME	FARRELL, GEORGE P		4.2 NAME	
STREET ADDRESS	100 2ND AVE. NO. #130		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME (			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 chapted, or on an attachment with an address.