

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90008 049 \*\*\*158.75

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # G05544**

1. Corporation Name

**PORTS OF CALL TRAVEL, INC.**

Principal Place of Business  
**4419 S. DEL PRADO BLVD.  
CAPE CORAL FL 33904**

Mailing Address  
**4419 S. DEL PRADO BLVD.  
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/22/1982**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2277984**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOLISANO, VINCENT G.  
4419 S. DEL PRADO BLVD.  
CAPE CORAL FL 33904**

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 *Vincent G. Tolisano*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/27/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **TOLISANO VINCENT G.**  
STREET ADDRESS **4419 S. DEL PRADO BLVD.**  
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVS** ☐ DELETE  
NAME **DEMARIA, MARJORIE**  
STREET ADDRESS **4419 S. DEL PRADO BLVD.**  
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **DEMARIA, MARJORIE**  
STREET ADDRESS **4419 S. DEL PRADO BLVD.**  
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

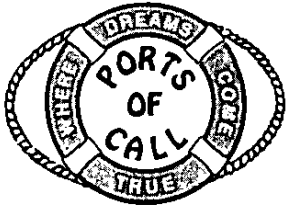
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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.

SIGNATURE: *Vincent G. Tolisano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/27/99**

Daytime Phone #

CR2E034 (5/99)



# PORTS OF CALL TRAVEL

605544  
599637-91008-467

4419 S. DEL PRADO BLVD  
BELLE PLAZA  
CAPE CORAL, FL 33904  
(941) 945-7775  
FAX (941) 945-1262

1616 W. CAPE CORAL PKY.  
CAMELOT ISLES  
CAPE CORAL, FL 33914  
(941) 540 2222  
FAX (941) 540-2177

106 HANCOCK BRIDGE PKY. W  
SANTA BARBARA CENTER  
CAPE CORAL, FL 33991  
(941) 772-3777  
FAX (941) 772-5055

7050 WINKLER ROAD  
MYERLEE SQUARE  
FT. MYERS, FL 33919  
(941) 481-8116  
FAX (941) 481-0366

15201 N. CLEVELAND AVENUE  
MERCHANT'S CROSSING  
N. FT. MYERS, FL 33903  
(941) 656-0111  
FAX (941) 656-0776

REPLY TO: ☒

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Division of Corporations

Annual-Reports Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

To Whom It May Concern,

I have filled out the new form for the annual corporation report, however, this report was previously sent on June 3, 1999, in the amount of \$158.75, check number 1694.

We have not received anything from the Division of Corporations, except the second notice for filing. In a telephone conversation of July 27, 1999 at 10:30 AM I spoke with two agents who advised me to write a letter explaining the situation and to request a waiver for the fee for second notice and to send a new check in the amount of \$150.00. I am sending a check in the amount of \$158.75 in order for us to receive a certificate of status, so that this time I will make sure that we receive that form and I will know that this situation has been resolved.

Thank you for your time and effort in correcting this matter.

Sincerely,

Marjorie De Maria

Vice President

Ports of Call Travel