98 JUL 24 AM 11: 15

SECHETARY OF STATE TALLAHASSEE, FLORIDA

SEÇOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name H64108

(4)

DIANA'S TRAVEL SOUTH, INC.

|--|--|

Principal Plac	e of Business	Mailing Address		- 1 1904011 0101 01411 01840 41811 00181 00181 001	is andis asas: diais didis 1001		
14000 SPRINGE	HILL DRIVE	11020_SPRINGHILL_DRIVE					
SPRINGHILL FL	. 34608	SPRINGHILL FL 34608		DO NOT WRITE IN THIS	DACE:		
жn .	CE KOC	£10560		DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	SPACE		
するで	eting :			06/27/1985			
2 Principal P	Place of Business	2a. Mailing Address	_,	4. FEI Number	Applied For		
21 331	7 Shoal Line Blv	26	of the second	59-2546914	Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.		[	\$8.75 Additional		
22		27 - Sam	Ές _	5. Certificate of Status Desired	Fee Required		
City & State City & State		<del></del>	6. Election Campaign Financing	\$5.00 May Be			
23 Spri	ing Hill, LL	28 Spring Hill		Trust Fund Contribution	Added to Fees		
Zip	Country		ountry	8. This corporation owes or has paid the curre			
24 346		29   30		Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registered A	gent		
	ENTH <b>AL</b> , MARSHALL		81 Name				
	LACKLAND AVENUE		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SPRI	ING HILL FL 34608		83				
			83				
			84 City		85 Zip Code		
44 5				<u>FL</u>			
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 Signalum, typed or printed name of registered agent and triin if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TITLE	PVT	DELETE 1.1	TITLE		DIRECTORS IN 12  Change Addition  Change Addition  D2:4-5  1076-018		
NAME	LEVENTHAL, MARSHALL		NAME		2		
STREET ADDRESS	11020 SPRING HILL DRIVE	1.3	STREET ADDRESS	<b>400002601</b> -07/28/980			
CITY-ST-ZIP	SPRING HILL FL 34608	1.4	CITY-ST-ZIP	****150.00 <u></u>	*****150 010   %		
TITLE	S	DELETE 2.1	TITLE		Change Addition		
NAME	LEVENTHAL, WENDY	2.2	NAME				
STREET ADDRESS	1.192 SPRINGHIHLL DR	2.3	STREET ADDRESS				
CITY-ST-ZIP	SPRINGHILL FL	2.4	CITY-ST-ZIP				
TITLE		DELETE 3.1	TITLE		Change Addition		
NAME		3.2	NAME				
STREET ADDRESS		3.3	STREET ADDRESS				
CITY-ST-ZIP		3.4	CITY-ST-ZIP				
TITLE		C	TITLE		Change Addition		
NAME .		4.2	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		<del></del>		
TITLE .			TITLE	L	_ Change		
NAME			NAME	A.	, ,		
STREET ADDRESS	4.		STREET ADDRESS	<i>N</i> ,	$b \cdot c = c \cdot c$		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		CT DECE IE	TITLE	L	Leftange Addition		
NAME			NAME		1		
STREET ADDRESS		1	STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	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.

252-596-7678

## **Vacation Connection**

3317 Shoal Line Bivd Spring Hill, Florida 34607 352-596-7678 Fax: 352-596-1374

July 20, 1998

FLORIDA DEPARTMENT OF STATE P.O.BOX 6327 TALLAHASSEE, FL 32314

AT; TREVOR BRUMBLEY

ENCLOSED IS THE CHECK FOR \$150.00 FOR THE FILING FEE FOR DOCUMENT NO. H64108. WE NEVER RECEIVED THE 1ST 1998 PROFIT CORPORATION ANNUAL REPORT PACKET. I AM SORRY FOR ANY CONFUSION THIS MAY HAVE CAUSED. THANK YOU FOR YOUR HELP IN RESOLVING THIS SITUATION. ALSO ENCLOSED IS THE 2ND NOTICE APPLICATION. WE HAVE 2 OFFICES NOW, BUT THE MAIN OFFICE TO SEND ANY CORRESPONDENCE TO IS THE ONE ON THIS LETTERHEAD.

THANK YOU,

Terry Condron