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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # H64108

Corporation     DIANA'S	TRAVEL SOUTH, INC.	,					
Principal Place	of Business	Mailing Address			- I (4010); Britt Biett biett Adien (ann minni		• (• (1 ± 1 ± 1) (1 ± • )
3317 SHOAL LINE BLVD.  SPRING HILL FL 34607  3317 SHOAL LINE BLVD.  SPRING HILL FL 34607					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 06/27/1985		
2. Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number	A	oplied For
21		26			<u>59-2546914</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22		27					equired
City & State	·	City & State	•		6. Election Campaign Financing		May Be to Fees
23	28 Zin Cou				Trust Fund Contribution		to rees
Zip	Country	— · —	Country		This corporation owes the current year In     Personal Property Tax.	langible ∐Yes	□No
24	9. Name and Address of Currer	29 30			10. Name and Address of New Registered		<u> </u>
	9. Name and Address of Currer	it Negistered Agent	81	Name			
LEVENTHAL, MARSHALL							
2507 LACKLAND AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SPRING HILL FL 34608			83	<del>                                     </del>			
			84	City	FL	85 Zip	Code
office or re agent. I at SIGNATURE	n familiar with, and accept the obligation of registered age	nt and title if applicable (NOTE: Regist	ered Age	i.	on's board of directors. I hereby accept the appo		
12.			13.	1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PVT	<del>-</del>	1.1 TITLE			□ Change	
NAME	LEVENTHAL, MARSHALL		1.2 NAME				
STREET ADDRESS	11020 SPRING HILL DRIVE		1.3 STREET ADDRESS				ŧ
CITY-ST-ZIP	SPRING HILL FL 34608		1.4 CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	S	_	1 TITLE			ட வக்க	
NAME	LEVENTHAL, WENDY		2.2 NAME				ļ.
STREET ADDRESS	11020SPRINGHIHLL DR		2.3 STREET ADDRES				
CITY-ST-ZIP	SPRINGHILL FL		2. 4 CITY-ST-ZIP 3.1 TITLE			Change	☐ Addition
TITLE		_	3.2 NAME				_
NAME				TADDOCCC			
STREET ADDRESS				T ADDRESS			<u> </u>
CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME				
NAME							
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
TITLE			2 NAME				_
NAME				T ADDRESS			j
STREET ADDRESS		1		ì			l l
CITY. 9T. 7IP		5	4 CITY-S	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, with all other like empowered.

6.1 TITLE

6.2 NAME.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: Mardel

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change