**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

**DOCUMENT # K27341** 

REGAN CRUISE & TRAVEL CENTER INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

FILED
Apr 19, 1999 8:00 am
Secretary of State
04.10.1000.00100.011.***150.00

04-19-1999 90100 011

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•									
Principal Place of Business	Mailing Address						******		
% JO ANNE DI FIORE % JO ANNE DI FIORE 5623 U.S. HWY 19 5623 U.S. HWY 19 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 06/27/1988				
2. Principal Place of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For		
m]	26				59-29177 <u>61</u>		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	- 11			
Zip Country	Zip 29	—— · — ·			8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered A	gent	· · · · · · · · · · · · · · · · · · ·		
			81	Name					
DI FIORE, JO ANNE 5623 U.S. HWY 19			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)				
NEW PORT RICHEY FL 34652			83						
		•	84	City	FL		Zip Code		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	te of Florida. Such chan	ige was authorize	d by 1	-named corp he corporati	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	nangin ment a	ng its registered as registered		

SIGNATURE (NOTE: Registered Agent signature required w Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change TITLE DELETE 1.1 TITLE DI FIORE, NICHOLAS 1.2 NAME NAME 7207 MAPLEHURST DR 1.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE DI FIORE, JO ANNE 2.2 NAME NAME 7207 MAPLEHURST DR 2.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ← ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE [ ] Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

RJONANNE DI FIORE

CR2E034 (11/98)