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

PROFIT CORPORATION ANNUAL REPORT

1997

THE REPORT OF THE PROPERTY OF



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K65739

(0)

DISSTON PLAZA TRAVEL, INC.

FILED
May 02 1997 8:00am
Secretary of State

01404 Ethis (2000 Kill	
	8   8   10   10   11   11   11   11
	BIRIT 1781  1181  \$184  185
	   81811 81811 81811 81811 188

	Principal Place of Business Mailing Address		. (48)4111 510 51151 51111 5255 11110 10.	TANGUNIA NAN NIIRI MAKILAMBAN NIIN NAAL NINKA NAN ARALI NAN ARALI DIRKI NOOL		
		10-2151				
	• • • • • • • • • • • • • • • • • • • •		3. Date Incorporated or Qualified 02/15/1989	3a. Date of Last Report 05/01/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26	·	59-2935307	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	<b>\$5.00</b> May Be		
23	28		Trust Fund Contribution	Added to Fees		
Zip Country 24 25	Ζφ <b>29</b>	Gountry 30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,		
9. Name and Address of C		1001	10. Name and Address of New F			
TIEDE, RICHARD E.		81 Name				
3629 49TH ST. NORTH		82 Street	Address (P.O. Box Number is Not Accepta	able)		
ST. PETERSBURG FL 33710						
		83				
		84 City		85 Zip Code		
44 5	77 0/ 00 1 007 (100 F) · · · ·			FL     '		
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	07.0502 and 607.1508, Florida Stati ⊵State of Florida. Such change was	utes, the above-named authorized by the cor	l corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered		
agent. I am familiar with, and accept the	obligations of, Section 607.0505, F	Torida Statutes				
SIGNATURE Signature, typed or printed name of registr	ored apont and unic if applicable	DIE Registored Agent's gnatur	e recuires effect reinstalium	DATE		
	RS AND DIRECTORS	13.		ICERS AND DIRECTORS IN 12		
TITLE V	<b>⊠</b> DELETE	1 1 TITLE		☐ Change ☐ Addition		
NASH, CAROL		1,2 NAME				
STREET ADDRESS 6200 43RD TERR N		1,3 STREET ADDRESS				
CITY-ST-ZIP KENNETH CITY FL		1.4 CITY - ST - ZIP				
TITLE P	☐ DELETE	2:1 TITLE		☐ Change ☐ Addition		
NAME TIEDE, RICHARD E.		2,2 NAME				
STREET ADDRESS 1929 ORO COURT		23 STREET ADDRESS				
CITY-ST-ZIP CLEARWATER FL 64624	DELETE	2 4 CHY - ST - ZIP 3.1 TITLE		Change Addition		
NAME	ריי הנררונ	3.1 TILE 3.2 NAME		La Grange La Addressi		
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY: ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME		4. 2 NAMS				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CHY-ST-7/P				
TITLE	DELETE	5.1 TITLE	1	Change Addition		
		5.2 NAME				
NAME		5.3 STREET ADDRESS	1			
STREET ADDRESS		5.4 CITY - ST - ZIP				
STREET ADDRESS CITY-ST-ZIP	T no sts	6.4.70117		Chanca 1 1 Additi		
STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE	6 2 NAME		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	i i		∟ Change ∟ Addition		

EGNATURE R. DI DE TREAT RELIENCE OF THE SHAWAY (12) TO ESTUME