

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K65739** (0)

1. Corporation Name  
**DISSTON PLAZA TRAVEL, INC.**

Principal Place of Business

**C/O RICHARD E. TIEDE  
3629 49TH ST. NORTH  
ST. PETERSBURG FL 33710**

Mailing Address

**C/O RICHARD E. TIEDE  
3629 49TH ST. NORTH  
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1989**

4. FEI Number

**59-2935307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**TIEDE, RICHARD E.  
3629 49TH ST. NORTH  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

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

*Richard E. Tiede*

**RICHARD E. TIEDE PRESIDENT**

**14 APRIL 1998**

12. OFFICERS AND DIRECTORS

|                 |                                     |      |                         |  |
|-----------------|-------------------------------------|------|-------------------------|--|
| TITLE           | <input checked="" type="checkbox"/> | NAME | <b>NASH, CAROL</b>      | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS  |                                     |      | <b>8200 43RD TERR N</b> |  |
| CITY - ST - ZIP |                                     |      | <b>KENNETH CITY FL</b>  |  |

|                 |                          |      |                            |                                 |
|-----------------|--------------------------|------|----------------------------|---------------------------------|
| TITLE           | <input type="checkbox"/> | NAME | <b>P TIEDE, RICHARD E.</b> | <input type="checkbox"/> DELETE |
| STREET ADDRESS  |                          |      | <b>1929 ORO COURT</b>      |                                 |
| CITY - ST - ZIP |                          |      | <b>CLEARWATER FL 34624</b> |                                 |

|                 |                          |      |  |                                 |
|-----------------|--------------------------|------|--|---------------------------------|
| TITLE           | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS  |                          |      |  |                                 |
| CITY - ST - ZIP |                          |      |  |                                 |

|                 |                          |      |  |                                 |
|-----------------|--------------------------|------|--|---------------------------------|
| TITLE           | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS  |                          |      |  |                                 |
| CITY - ST - ZIP |                          |      |  |                                 |

|                 |                          |      |  |                                 |
|-----------------|--------------------------|------|--|---------------------------------|
| TITLE           | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS  |                          |      |  |                                 |
| CITY - ST - ZIP |                          |      |  |                                 |

|                 |                          |      |  |                                 |
|-----------------|--------------------------|------|--|---------------------------------|
| TITLE           | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS  |                          |      |  |                                 |
| CITY - ST - ZIP |                          |      |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |

|                     |   |
|---------------------|---|
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |

|                     |   |
|---------------------|---|
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |

|                     |   |
|---------------------|---|
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |

|                     |   |
|---------------------|---|
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |

|                     |   |
|---------------------|---|
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard E. Tiede* **RICHARD E. TIEDE PRES. 16 APRIL 1998 (813) 525-4414**

CR2E034 (10/97)