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**PROFIT** CORPORATION ANNUAL REPORT

1999

Corporation Name

DOCUMENT # **K65739** 

DISSTON PLAZA TRAVEL, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90027 009 \*\*\*150.00

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### Mailing Address Principal Place of Business C/O RICHARD E. TIEDE C/O RICHARD E. TIEDE 3629 49TH ST. NORTH 3629 49TH ST. NORTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3. Date Incorporated or Qualifed 02/15/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2935307 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. □ \_. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TIEDE, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 3629 49TH ST. NORTH ST. PETERSBURG FL 33710 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE Change 1.1 TITLE TITLE THERE, RICHARDE. TIEDE, RICHARD E. 1.2 NAME NAME . 1929 ORO COURT 1929 ORO COURT 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 64624s 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME 6.3 STREET ADORESS 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:

CITY-ST-ZIP

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