

09031999-90003-049-\$150.00-\$150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03281

1. Corporation Name

FANTASY ISLAND TRAVEL SERVICES, INC.

Principal Place of Business

3951-A W. KENNEDY
TAMPA FL 33609
US

Mailing Address

3951-A WEST KENNEDY
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1989

4. FEI Number

59-2963531

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FERNANDEZ, JUAN CARLOS
6306 SOUTH MACDILL AVENUE
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name Sarah Everhart
82 Street Address (P.O. Box Number is Not Acceptable)
3350 W. Hillsborough Ave.
83 Apt. 1017
84 City Tampa FL # 33614

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

Sarah Everhart
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, ALBERT	
STREET ADDRESS	7203 N. PARK DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	6306 S MACDILL AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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	Sales Manager (M) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sarah Everhart
2.3 STREET ADDRESS	3350 W. Hillsborough Ave # 1017
2.4 CITY-ST-ZIP	Tampa, FL 33614
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:

Sarah Everhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99

Date

(813) 353-9511

Daytime Phone #

CR2E034 (5/99)