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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

L39742

(6)

| DIVERSIFIED TRAVEL PLANNERS, INC. | | | | (50 HBM 305 HH2 1914 140H 810H 910H 410H | alli didir didir didir didir radi |
|--|---|-------------------------------|-----------------------------------|--|-----------------------------------|
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | I I DANIER AND CIVIE IDJIV IBERT BILLE IND BLACK D | ikie bibil bibil bibil bibil ibbi |
| 5482 CENTRAL FL PKWY ORLANDO FL 32821 STATE ORLANDO FL 32821 | | | | DO NOT WRITE IN THE | 2.004.05 |
| US | | US | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | SPACE |
| | | | | 01/02/1990 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2981358 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certnicate of Status Desirad | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the c | |
| 24 | 9. Name and Address of Current | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | |
| C | CORPORATION SYSTEM | | 81 Name | | |
| 1200 S. PINE ISLAND ROAD | | | 82 Street A | NELLINGTON RESORT | mg the |
| PLANTATION FL 33324 | | | 32/2 | ddress (P.O. Box Number is Not Acceptable) | PKWY |
| | | | 83 | | |
| | | | 84 City | | DE Zin Codo |
| | | | | OR/ANDO FI | L 32/2/ |
| 11. Pursuant | to the playisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the above-named o | orporation submits this statement for the purpose | of changing its registered |
| 11. Pursuant to the plovisions of Soctions 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 artifamiliar with, and accept the obligations of, Section 997.0505, Florida Statutes. | | | | | |
| SIGNATURE | por Clent | - Trus | vascph G. | Denko $2/9/$ | 98 |
| 12. | of one of registered agen OFFICERS AND | ···· | Registered Agent signature is 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 MILE | CTPD | Change Addition |
| NAME | DEMKO, JOSEPH | _ | 1.2 NAME | 3/12 | |
| STREET ADORESS | 5482 CENTRAL FL PKWY | | 1.3 STREET ADDRESS | | <u>'</u> |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY - ST - ZIP | | i |
| TITLE | V\$D | DELETE | 2.1 TITLE | | Change Addition |
| NAME | HUGHES, JOHN, MICHAEL | • • | 2.2 NAME | | ļ |
| STREET ADDRESS | 706 LYNNFELLS PARKWAY | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MELROSE MA | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | ł |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DILETE | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE NAME | | ☐ nrrtig | 4.1 TITLE 4. 2 NAME | | □ rusuids □ voquou |
| ì | | | 4.2 NAME 4.3 STREET ADDRESS | | |
| STREET ADDRESS City-St-Zip | | | 4.4 CITY-ST-ZIP | | İ |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | _ | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 eath; 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 15 if changed, or on an affectment with an address.

Addition