

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

FILED

Feb 17 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 # **P27270** (8)  
1. Corporation Name  
**DESTINATIONS UNLIMITED OF DELAWARE, INC.**

Principal Place of Business  
**1209 ORANGE STREET  
WILMINGTON DE 19801**

Mailing Address  
**17757 U.S. HWY. 19 N.  
STE. 400  
CLEARWATER FL 34624  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/13/1989**

4. FET Number

**NOT APPLICABLE**

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **CLAVEAU, J. GEORGE**  
STREET ADDRESS **8381 OLD COURTHOUSE RD**  
CITY-ST-ZIP **VIENNA VA**

TITLE **V** ☒ DELETE  
NAME **SOWERS, WILLIS B.**  
STREET ADDRESS **13783 GULL WAY**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **P** ☒ DELETE  
NAME **HOARTY, THOMAS M.**  
STREET ADDRESS **8381 OLD COURTHOUSE RD**  
CITY-ST-ZIP **VIENNA VA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **8381 OLD COURTHOUSE RD #100**  
1.4 CITY-ST-ZIP

2.1 TITLE **V.P. FINANCE** ☐ Change ☒ Addition  
2.2 NAME **KATHLEEN A. CORNIER**  
2.3 STREET ADDRESS **17757 US HWY 19 N. #400**  
2.4 CITY-ST-ZIP **CLEARWATER FL 33764**

3.1 TITLE **CORP. SECRETARY** ☐ Change ☒ Addition  
3.2 NAME **MARIANNE BURDEN-MYERS**  
3.3 STREET ADDRESS **17757 US HWY 19 N. #400**  
3.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Kathleen A. Cornier*

CR2E034 (10/97)