

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Carolee B. Abornham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000029652 (3)**

1. Corporation Name

**DESTINATION FLORIDA (KISSIMMEE), INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/22/1993**

3a. Date of Last Report  
**05/27/1994**

4. FEI Number  
**59-3176343**

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 has liability for intangible tax under S. 199.032.  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**316 N BERMUDA  
SUITE 9  
KISSIMMEE FL 34741**

Mailing Address

**316 N BERMUDA  
SUITE 9  
KISSIMMEE FL 34741**

2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent

**HEWETT, MARK  
2100 POLO CLUB DR  
STE 302  
KISSIMMEE FL 34741**

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 of person or persons authorized to sign and file this report

Signature of Registered Agent (must be signed by the agent)

Date

12. OFFICERS AND DIRECTORS

12.1  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**PD  
HEWETT, MARK  
2100 POLO CLUB DR / STE 302  
KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.01(2), Florida Statutes. I further certify that the information supplied 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. I am an officer or director of the corporation or the holder of a position empowered to work on this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

**Mark Hewett, PRESIDENT 2-1-95**

**(407) 870-5646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number