

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90028 011 ***150.00

44300120

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P94000018460

1. Corporation Name
EXCEL DESTINATION MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4527 ARNOLD AVE
NAPLES FL 33942
US

Mailing Address
4527 ARNOLD AVE
NAPLES FL 33942
US

3. Date Incorporated or Qualified
03/09/1994

2. Principal Place of Business
21 4627 Arnold Ave. Ste #5
 Suite, Apt. #, etc.

2a. Mailing Address
26 4627 Arnold Ave. Ste #5
 Suite, Apt. #, etc.

4. FEI Number
65-0472055

Applied For
 Applied For
 Not Applicable

22 Naples, FL
 City & State

27 Naples, FL
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 34104 Collier
 Zip Country

28 34104 Collier
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **25** **29** **30**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GOLD, AARON J
703 SWANN AVE.
TAMPA FL 33606

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEASE, BRYAN L	1.2 NAME	
STREET ADDRESS	4527 ARNOLD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KMAK, KAREN L	2.2 NAME	
STREET ADDRESS	4527 ARNOLD AVE	2.3 STREET ADDRESS	4627 Arnold Ave. Ste #5
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL - 34104
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HANKERSON, BRUCE L	3.2 NAME	
STREET ADDRESS	3701 W. LAMBRIGHT ST.	3.3 STREET ADDRESS	4627 Arnold Ave # Ste #5
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	Naples, FL - 34104
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **3/25/99** DAYTIME PHONE #: **941 261 5151**

CR2E034 (11/98)