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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000075333 (2)

1. Corporation Name  
DESTINATIONS TRAVEL OF PALM CITY, INC.



Principal Place of Business  
870 MARTIN DOWNS BLVD.  
PALM CITY FL 34990

Mailing Address  
870 MARTIN DOWNS BLVD.  
PALM CITY FL 34990-2849

3. Date Incorporated or Qualified  
10/10/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0525624

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

21 100 Colorado Ave  
Suite, Apt. #, etc.

22 City & State  
Stuart FL

23 Zip Country  
34994 USA

2a. Mailing Address

26 211 Garden Rd  
Suite, Apt. #, etc.

27 City & State  
Palm Beach FL

28 Zip Country  
33480 USA

9. Name and Address of Current Registered Agent

POUILLE, THIERRY  
211 GARDEN ROAD  
PALM BEACH FL 33480

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME POUILLE, THIERRY  
STREET ADDRESS 211 GARDEN DRIVE  
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

TITLE V  
NAME DOLBEALL, RENE  
STREET ADDRESS 13309 MAPLEWOOD RD  
CITY-ST-ZIP PALM CITY FL

☒ DELETE

TITLE S  
NAME POUILLE, SOPHIE  
STREET ADDRESS 211 GARDEN RD  
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

TITLE T  
NAME KONIGHT, NANCY  
STREET ADDRESS 993 NE COUNTRY WAY  
CITY-ST-ZIP JENSEN BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE VS ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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. 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

CP2E034 (9/96)