

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079571 (3)

1. Corporation Name

INTERNATIONAL DESTINATION MANAGEMENT INC.

Principal Place of Business

3918 NE BAYSHORE BLVD
ST. PETERSBURG FL 33703
US

Mailing Address

3918 NE BAYSHORE BLVD
ST. PETERSBURG FL 33703
US



3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1931 Kentucky Ave NE

26 1931 Kentucky Ave NE

4. FEI Number
59-3282250

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33703

Country

USA

29 33703

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALTON, MARK S
3918 BAYSHORE BLVD. N.E.
ST. PETERSBURG FL 33703

81 Name

VICKI L. OHMAN-AVILA

82 Street Address (P.O. Box Number is Not Acceptable)

1931 Kentucky Ave NE

83

84 City

St. Petersburg

FL

85 Zip Code

33703

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

Vicki L. Ohman-Avila

VICKI L. OHMAN-AVILA

5-1-96

Signature typed or printed (Name of registered agent and the date)

Signature typed or printed (Name of registered agent and the date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME AVILA, JOSEPH M.
STREET ADDRESS 5277 ISLA KEY BLVD #320
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE S
NAME DALTON, MARK S.
STREET ADDRESS 3918 BAYSHORE BLVD NE
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE T
NAME OHMAN, VICKI L.
STREET ADDRESS 3918 NE BAYSHORE BLVD
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE

2. NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vicki L. Ohman-Avila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI L. OHMAN-AVILA

5/1/96

DATE

813 525-1854

Daytime Phone #

CR2E034 (12/95)