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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000082021 (4)

DESTINATIONS FLORIDA MARKETING, INC.

Principal Place of Business Mailing Address 3823 TAMIAMI TR E 3823 TAMIAMI TR E # 282 NAPLES FL 00002-34/12 DO NOT WRITE IN THIS SPACE NAPLES FL 23062-34/1/2 3. Date Incorporated or Qualified 11/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0537877 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEGROOT, TED E 231 PALMETTO DUNES CIR Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 34//3 83 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 em 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Addition TITLE 1.1 TITLE DEGROOT, TED E NAME 1.2 NAME **321 PALMETTO DUNES CIR** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DEGROOT, PATRICIA A NAME 2.2 NAME **821 PALMETTO DUNES CIR** STREET ADDRESS 23 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change ___ Addition DEGROOT, DOUGLAS A 32 NAME 2469 E. SCARLET OAK COURT STREET ADDRESS 3.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NALPAS, LOUISE NAME 4. 2 NAME 2496 E. SCARLET OAK COURT STREET ADDRESS 4.3 STREET ADDRESS **Sar**asota fl CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

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 chap god, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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

FILED

Apr 30 1998 8:00am

Secretary of State