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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082021

1. Corporation Name DESTINATIONS FLORIDA MARKETING, INC.											
DESTINA	THOMS FLORIDA MARINERI	iu, ii	10.					1 1201/2 4 1 110 10//1 01811 10// 10			8 40 5 11
Principal Place	e of Business	Ma	ailing Address					1881/881 J.O. 1811) GIBN 8611-06.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3823 TAMIAMI TR E 3823 TAMIAMI TR E											
#282 #282 NADIEC EL 24112							'	DO NOT WRITE IN THIS SPACE			
NAPLES FL 34112 NAPLES FL 34112 US US								3. Date Incorporated or Qualifed			
••								11/07/1994			
2. Principal Place of Business 2a.			a. Mailing Address					4. FEI Number		A	pplied For
			26					65-0537877			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional Required
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	intry			8. This corporation owes the curr	ent year Inta		
24	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Regis	stered Agent		81	Alama		10. Name and Address of New F	(egisterea /	Agent	
DEGI	פאחד זכה כ				"	Name					
Degroot, ted e 231 Palmetto Dunes Cir						Street	Addres	ss (P.O. Box Number is Not Accepta	ible)		
NAPLES FL 34113											
14741	22012 34113				83						
					84	City			FL		Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	07.1508, Florida Statu	ites, the a	bove	e-named	corpoi	ration submits this statement for the	purpose of o	changing it	is registered
office or fo	egistered agent, or both, in the State of the miliar with, and accept the obligation	tions of	, Section 607.0505, Fl	orida Stat	utes		oration	13 board of directors. I ricrosy accor]
SIGNATURE								<u> </u>			\
	Signature, typed or printed name of registered agen		·		Agen	t signature r	equired v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICEDS AN	D DIRECT	ORS IN 12
12.	OFFICERS AN	D DIKE	DELETE	13.	m F		Γ_	ADDITIONS/CHANGES TO OF	TOLING AIN	☐ Change	
TITLE	PD Degroot, ted e		C) Defere	1.2 N							_
NAME	321 PALMETTO DUNES CIR					ADORESS					ĺ
STREET ADDRESS	NAPLES FL 33962				ITY-S		 				. \
CITY-ST-ZIP TITLE	STD		DELETE	2.1 TI		1-24				Change	Addition
NAME	DEGROOT, PATRICIA A		_	2.2 N							
STREET ADDRESS	321 PALMETTO DUNES CIR			2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL 33962			2.40	ITY-S	T-ZIP					
TITLE	VD		☐ DELETE	3.1 TI					,	Change	Addition
NAME	DEGROOT, DOUGLAS A			3.2 N	AME						
STREET ADDRESS	2469 E. SCARLET OAK COURT	ſ		3.3 S	TREE	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			3.4. C	S-YTK	T-ZIP					
TITLE	VD		☐ DELETE	4,1 17	MLE					☐ Change	Addition
NAME	NALPAS, LOUISE			4.21	IAME		}				ţ
STREET ADDRESS	2496 E. SCARLET OAK COURT	T		4.3 5	TREE	TADDRESS					1
CITY-ST-ZIP	SARASOTA FL				ITY-S	T-ZIP	<u> </u>	<u> </u>		T Charac	n delition
TITLE			☐ DELETE	5.1 TI						☐ Change	Addition Addition
NAME				5.2 N		T 4000000					
STREET ADDRESS	1			- 1		TADORESS					
CITY-ST-ZIP			F] beleve	5.4 C	ITY-S	i-ZIP	<u> </u>			Change	e ☐ Addition
TITLE			☐ DELETE	6.2 N							
NAME						TADDRESS					
STREET ADDRESS					TV.S						

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, withpall other liketempowered.

SIGNATURE: