

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90101 017 ***150.00

042534

DOCUMENT # P95000034975

1. Corporation Name

DREAM WORLD TRAVEL, INC.

Principal Place of Business

16681 MCGREGOR BLVD., SUITE 203
KINGSTONE SQUARE
FT. MYERS FL 33908

Mailing Address

16681 MCGREGOR BLVD., SUITE 203
KINGSTONE SQUARE
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

65-0568933

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

BARKER, R. SCOTT
12699 NEW BRITTANY BLVD
FT. MYERS FL 33907

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PVD
STREET ADDRESS YOUNGQUIST, JOAN T
CITY-ST-ZIP 16418 RAINBOW MEADOWS CIR.
FT. MYERS FL 33908 ☐ DELETE

TITLE
NAME VPD
STREET ADDRESS PETERS, SHIRLEY
CITY-ST-ZIP 201-C FLAMINGO DR
FT. MYERS FL 33908 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 16426 RAINBOW MEADOWS CT
1.4 CITY-ST-ZIP FT. MYERS FL 33908

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME R/D
3.3 STREET ADDRESS Robert L. Shamberger, Jr
3.4 CITY-ST-ZIP 11595 KELLY RD # 210
FT MYERS, FL 33908

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/D
4.3 STREET ADDRESS PAMELA A. DENSON
4.4 CITY-ST-ZIP 16521 ARBOR RIDGE RD
FT. MYERS FL 33908

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS WILLIAM BYRNE
5.4 CITY-ST-ZIP 201-C FLAMINGO DR
FT. MYERS, FL 33908

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Joan T. Youngquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-23-99 -941-433-5700
Date Daytime Phone #

CR2E034 (11/98)