Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90146 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000061153

1. Corporation Name

DESTINATION PARADISE FLORIDA KEYS, INC.

| Principal Pace | e of Business | Mailing Address | Mailing Address | | | | |
|-----------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|--------------------|--------------|--------------------------------|--------------------------------------------------|---------------------------|
| 12650 OVERSEAS HIGHWAY, SUITE 1 | | POST OFFICE BOX 504443 | | | | | |
| MARATHON FL 33050 | | MARATHON FL 33050 | | | | DO NOT WRITE IN THE | S SPACE |
| | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | 08/08/1995 | |
| Principal Place of Business 2a. Mailing Addre | | | | | | 4. FEI Number | Applied For |
| 21 26 | | | | | | 65-0601207 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | \$8.75 A dditional |
| 27 | | | | | | 5. Certificate of Status Desired | Fee Required |
| City & Etate | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 28 | | | | | | Trust f und Contribution | Added to Fees |
| Zip | · — — | | Country | | | 8. This corporation owes the current year In | |
| 24 | 25 | | | | | Persor al Property Tax. | Yes No |
| | 9. Name and Address of Cur | rent Registered Agent | 81 | Name | | 10. Name and Address of New Registers | Agent |
| SALI | TEN, BEATRICE S | | [" | INGILIE | , | | |
| 200 KEY COLONY BEACH CAUSEWAY | | | 82 | Street | Ac'dre | ss (P.O. Box Number is Not Acceptable) | |
| KEY COLONY BEACH FL 33051 | | | 83 | | | | |
| 11647 | 000011, 02101112 00001 | | 100 | | | | |
| | | | 84 | City | | F | 85 Zip Code |
| 44 Dumus nt | to the provisions of Scations 607 | 0500 and 607 1508 Florida Statutes | the above | -named | 1 cr mos | ration cubming this statement for the nurnose of | f changing its registered |
| office (r a | egistered agent or both in the Set | ate of Florida. Such change was autiligations of, Section 607.0505, Florid | norizea by | tne corp | poration | 's board of directors. I hereby accept the apt | ointment as registered |
| SIGNATURE | Signature, typed or printed na ne of registered | agent and title if applicable. (NOT E: R | Registered Ager | nt signature | regulired | when reinstating) DATE | <u></u> |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | ND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE 1.1 T | | | | | Change Addition |
| NAME | GARNEAU, NANCY | | 1.2 NAME | | | | |
| STREET ADDRESS | ACCES OF THE PARTY OF THE A | | 1.3 STREET ADDRESS | | s | | |
| CITY-ST-ZIP MARATHON FL 33050 | | 14 CITY-ST-ZIP | | | | | |
| TITLE | VSTD | ☐ DELETE | 21 TITLE | | \top | | ☐ Change ☐ Addition |
| NAME | 1717 | | 2.2 NAME | | | | |
| STREET ADDRESS | CARRON CONTRACTOR OF THE A | | | T ADDRESS | 3 | | |
| CITY-ST-ZIP MARATHON FL 33050 | | | 2, 4 CITY-ST-ZIP | | Ì | | |
| TITLE | D DELETE | | 3.1 TITLE | | | | ☐ Change ☐ Addition |
| NAME . | GARNEU, JEAN | | 3.2 NAME | | | | |
| STREET ADDRE SS | 700 OLOU INE COLIDE | | 3.3 STREET ADDRESS | | 3 | | |
| CITY-ST-ZIP | VIENNA VA | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETÉ | | 4.1 TITLE | | | | ☐ Change ☐ Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRE 3S | | | 4.3 STREE | r address | s | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | \top | | Change Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRE 3S | | | 5.3 STREE | FAODRESS | 5 | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | \top | | Change Addition |

14. 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 of the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an attach per with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR