2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P95000061153 DESTINATION PARADISE FLORIDA KEYS, INC. 04-26-2000 90186 041 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 504443 12650 OVERSEAS HIGHWAY. SUITE 1 MARATHON FL 33050 MARATHON FL 33050-4443 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0601207 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALTEN, BEATRICE S. - Deceased. 200 KEY COLONY BEACH CAUSEWAY **KEY COLONY BEACH FL 33051** Zip Code 33050 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This core ation is eligible to satisfy its Intangible __10._Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE Addition NAME NAME GARNEAU, NANCY STREET ADDRESS STREET ADDRESS 12650 OVERSEAS HIGHWAY, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change ☐ Addition TITLE VSTD ☐ Delete TITLE NAME garneau. Paul r NAME STREET ADDRESS STREET ADDRESS 12650 OVERSEAS HIGHWAY, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 D GARNEAU TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARNEU, JEAN NAME STREET ADDRESS 706 SKYLINE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIENNA VA TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete ... TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #