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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064277 (3)

ALL ABOUT DESTINATIONS, INC.

FILED

Apr 08 1997 8:00am Secretary of State



Delegate of Deci-	o of the pieces	Mailin - Astalana))((84) (84)
Principal Place		Mailing Address	CUCHETT				
	. W. Moskowitz Te drive #510	G/O MICHAEL W. MC 800 CORPORATE DRIV					
	DALE FL 33334	FORT LAUDERDALE FI					
					3. Date incorporated or Qualified 08/18/1995	3a. Date of Last 04/04/1996	Report
2. Principal Pr	lace of Business	2a. Mailing Address	10		4. FEI Number	A	pplied For
21	*****	26			65-0637923		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional tequired
City & State)	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
_η Zφ −η	Country	Zip	Cou	ntry	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes No	
	9, Name and Address of Cu	rrent negistered Agent		81 Name	10. Name and Address of New Reg	incated What	
	SKOWITZ, MICHAEL W ESQ			01 Name			
	CORPORATE DRIVE #510		82 Street Ad		dress (P.O. Box Number is Not Acceptabl	e)	
FUH	RT LAUDERDALE FL 33334		ı	83		···	
				-			
				84 City		85 Zip	Code
		0500 1003 1555				FL °° -	
11. Pursuant t	to the provisions of Sections 607. egistered agent, or both, in the S	.0502 and 607,1508, Florida Sta tate of Florida. Such change wa	itutes, the at as authorized	pove-named cop d by the corpora	rporation submits this statement for the pu	rpose of changing the appointment a	its registered s registered
agent I a	m familiar with, and accept the o	bligations of, Section 607.0505	Florida Stat	utes.	ation's board of directors. I hereby accept	The appearance a	- 1 - g.b.to. o a
SIGNATURE							
SIGNATURE							
	Signature hypert or printed harre of registere			l Agent signature requ	uired when reinstating)	DATE DIDECTO	DO (N. 40
12.	OFFICERS	AND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	WIT
12. Tillef	OFFICERS D		13.	TLE			
12. TILE NAME	OFFICERS D MYMAN, SHERYL MS	AND DIRECTORS	13. 1.1 Til 1.2 NA	TLE NME		RS AND DIRECTO	
12. TILLE NAME STREEL ADDRESS	OFFICERS D MYMAN, SHERYL MS 9720 W SAMPLE RD	AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST	TLE NME REET ADDRESS		RS AND DIRECTO	
12. TITLE NAME STBEEL ADDRESS C(Ty - ST- 7IP	OFFICERS D MYMAN, SHERYL MS	AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 G	TLE MME REET ADDRESS TY-ST-ZIP		RS AND DIRECTO	Addition
12. TITLE NAME STBEEL ADDRESS C(Ty - ST- 7IP	OFFICERS D MYMAN, SHERYL MS 9720 W SAMPLE RD	AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST	TLE MME REET ADDRESS TY-ST-ZIP		RS AND DIRECTO	Addition
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1.1 do hereby certify that the information exponency with mistage to be sold in the exemption stated in Section 119.0/(3)(i), Florida Statutes. Further certify that the information indicated on this annual (copy for sugisfering langual 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 of current appears in Block 12 or Block 13 if changed, or the appears in Block 12 or Block 13 if changed, or the appears in Block 12 or Block 13 if changed.

SIGNATURE:

IGNATURE AND TYPED OF PHALED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

954-344-3838