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

PROFIT CORPORATION ANNUAL REPORT -

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094614 (1)

RUTH'S QUEEN OF DIAMONDS TRAVEL, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Plan	on of Business	Marting Address			
Principal Place of Business Mailing Address 1990 MAITTHOOD WAY					
1220 WHITEWOOD WAY 1220 WHITEWOOD WAY NICEVILLE FL 32578 NICEVILLE FL 32578					
THOUSELL IE SESTO				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
				12/13/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 ρο	BOX 415	26 P.O. Box 4	15	59-3345500	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		F 0	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
	ice ville, FL	City & State 28 Niceville, Zip Zip	FL	Trust Fund Contribution	Added to Fees
Zip 329	Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24 50	25 OKA 100 JA	29 323 28	30 OKAlouSA	i broomer roporty tax ade barie ou.	Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered	Agent
HAMBY, RUTH E 81 Name D				DENISE White	
1220 WHITEWOOD WAY				Address (P.O. Box Number is Not Acceptable)	
NICEVILLE FL 32578					
12326 Ailanthus DR					
			84 City		
				Pensaco/A Fl	85 Zip Code - 32506
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statuter	s, the above-named	f porporation submits this statement for the surrent	- f - a fa - a - a - a - a - a - a - a -
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 WHILE MILITILE					
Signature, typed or poulted name or registered agest and lefe if applicable (NOTE: Registered Agest signature required when reinstating) DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	U U U U U U U U U U U U U U U U U U U	DELETE	1.1 TITLE	Pres	Change Addition
NAME	HAMBY, RUTH E		1.2 NAME	Ponise White 12326 Ailm thus DL	
STREET ADDRESS	1220 WHITEWOOD WAY		1.3 STREET ADDRESS	12326 Ail MYUUS DZ	
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY - ST - ZIP	Pens, RL 32506	
TITLE		☐ DELETE	2.1 TITLE	Pens, Re 32506 Secretary Diwayne White 12366 Ailonthus Dr pers, Re 32566	Change Addition
NAME			2.2 NAME	Dewayne White	′ '
STREET ADDRESS			2.3 STREET ADDRESS	12366 Ail on thus or	
ÇITY-ST-ZIP			2. 4 CITY - ST - ZIP	pers, Re 32566	
TITLE		DELETE	3.1 TITLE	V	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crty-St-ZIP			4.4 CITY-ST-ZIP		Λ_{ℓ} .
TITLE		DELETE	5.1 TITLE	/	Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	«	、イノベノハ
CITY-ST-ZIP				/ A	
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	/(\	☐ Change ☐ Addition
NAME			6.2 NAME	7000024640	Change Mudition
				700002464 03 -03/20/980111303	īn'
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	****10U.UU	

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.