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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000032384 (5)

Principal Pi	B DESTINATIONS, INC. lace of Business INT COURT #204	Mailing Address 3101 VERDANT COURT #2 TAMPA FL 33629-8136	04		
				3. Date Incorporated or Qualified 3a.	Date of Last Report
				04/08/1996	
	l Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3373408	Not Applicable
22 Suite, A	pt.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	tate	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30		□ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
80	CHECHT, NEIL S		81 Name		
4830 WEST KENNEDY BLVD. #280			82 Street Addr	eet Address (P.O. Box Number is Not Acceptable)	
T/A	MPA FL 33609		83		
			83		,
			84 City		85 Zip Code
office of agent.			in the disovernamed configuration and the corporatorida Statutes. Registered Agent signature requires	poration submits this statement for the purposition's board of directors. I hereby accept the accep	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TIDLE		Change Addition
NAME	BAGLIVO, DONALD		1.2 NAME		ļ
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		1.4 CiTY - ST - ZIP		
TITLE	ì	☐ DELETE	2.1 TITLE		Change Addition
NAME	ļ		2.2 NAME		
STREET ADDRES	SS		2.3 STREET ADDRESS		
CITY-\$T-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	1	المال المال	3.2 NAME		□ Durango □ Addition
STREET ADDRES	20		3.3 STREET ADDRESS		Į
CITY-ST-ZIP	~		3.4 CLY-ST-ZIP		}
TITLE		DELETE	4.1 TIT E		Change Addition
NAME			4. 2 N VIE		
STREET ADDRES	ss		4.3 STEET ADDRESS		1
CITY-ST-ZIP	<u> </u>		4.4 C -ST-ZIP		
TITLE		☐ DELETE	5.1 TC /		Change Addition
NAME			5.2 N E		ļ
STREET ADDRES	ss		53 S E1 ADDRESS		
CITY+ST-ZIP			5.4 C -ST-ZIP		
TITLE !	J	DELETE	6.1 T		Change Addition
. NAME			6.2 N		Í
STREET ADDRES	SS		6.3 S T ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the surate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

4/14/97 813-8358338

FILED

Apr 21 1997 8:00am

Secretary of State