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

	MENT # P96000 T DESTINATIONS, INC.	0077429 (4)					
Principat Place of Business 7814 W IRLO BRONSON KISSIMMEE FL 34747		Mailing Address 7814 W IRLO BRONSON KISSIMMEE FL 34747			+ 1001(00) 412 18110 BIH FORM GOIN GOIN GOIN GOIN 40111 40814 IA	an arasa niver ton 1460	1
US		US			DO NOT WRITE IN THIS SP.	4CE	
					3. Date Incorporated or Qualified 09/16/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	 or
21		26			59-3411854	Not Applic	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additions	ai
City & State		City & State				Fee Required	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	'
Zip	Country	Zip	Country		8. This corporation owes or has paid the currer		
24	25	29	30		Personal Property Tax due June 30.	Yes 🔲 No	
	8. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Ag	ent	
	HN, J. PAUL						
7814 W IRLO BRONSON HWY KISSIMMEE FL 34747			82	Street	Address (P.O. Box Number is Not Acceptable)		
100	MARILE 1 E 04/4/		83				
			84	City		85 Zip Code	
				Oily	FL	zip code	
l office or r	registered agent, or both, in the State of	if Florida. Such change was a	authorized by	the con	d corporation submits this statement for the purpose of clipporation's board of directors. I hereby accept the appoin	anging its register tment as register	ed
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes		poroner of Board of Ambolion (Holos) accept the appoin	thierk do regiotein	~
SIGNATURE	Signature, typed or printed name of registered agent	and title if auplicable (NOTE	Registered Ago	nt signature	e required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		D	Change Add	dition
NAME	JOHN, J. PAUL		1.2 NAME	•	CHOT S ANYAHOT		
STREET ADDRESS	7814 W IRLO BRONSON HWY KISSIMMEE FL		1.3 STREET		7814 W. IRLO BROWSON H	ると	į
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CHY-S' 2.1 TITLE	r - ZIP	MSIMMEE FL.	Change Ado	dition
NAME	SARALARAA DETTALAA		2.2 NAME		_) Ollarige	1000
STREET ADDRESS	36 MOUNT DRIVE NANTWICH	•		ADDRESS			1
CITY-ST-ZIP	CHESHIRE UK		2. 4 CITY - S				
TITLE		DELETE	3.1 TITLE	· · ·	L.	Change Add	Jition
NAME			3.2 NAME)
STREET ADDRESS			3.3 STREET.	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
THTLE		☐ DELETE	4.1 TITLE			Change	lition
NAME			4. 2 NAME				- [
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITY - ST 5.1 TITLE	1 - ZIP		Change	lition
NAME		4_4 000010	5.2 NAME	į		,	
STREET ADDRESS			5.3 STAEET	address			- 1
CITY-ST-ZIP			5.4 CITY - ST				[
TITLE		DELETE	6.1 TITLE			Change Add	lition
NAME			6.2 NAME	1			Ì
STREET ADDRESS			6.3 STREET	ADDRESS			

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 combration 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 chapted or on an officer or director of the combration of the

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FILED

Apr 24 1998 8:00am

Secretary of State