

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		P96000090179			
SUNCOAST DESTINATION MANAGEMENT CORPORATION					
Principal Place of Business 6149 Chancellor Dr. Suite 700 Orlando, FL 32809			Mailing Address 6149 Chancellor Dr. Suite 700 Orlando, FL 32809		
DO NOT WRITE IN THIS SPACE					
3. Date incorporated or qualified 11/01/96					
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 215 N. Eola Drive Suite, Apt. #, etc. City & State Orlando, Florida Zip 32801 Country		4. FEI Number 59-3417488.	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent SOLES, GARY 215 North Eola Drive Orlando, Florida 32801			10. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 ☐ Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.					
SIGNATURE: <i>[Signature]</i> 4/30/98 859-2974 407/851-6190					