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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

appears in Block 12 or Block 1

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091299 (3)

**DESTINATION TRAINING AND MANAGEMENT, INC.** 

Principal Place of Business Mailing Address 8149 CHANCELLOR DRIVE 6149 CHANCELLOR DRIVE ORLANDO FL 32809 ORLANDO FL 32809-5848 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59.343262 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEINKEL, R. LAWRENCE 201 W CANTON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 150 83 WINTER PARK FL 32789 84 City Zip Code 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) TITLE D - President DELETE Change Addition 1.1 TITLE NAME FRAHM, LARAINE 1.2 NAME 6149 CHANCELLOR DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP D - Secretary/Treasurer Frahm, A. Phil DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 6149 Chancellor Drive STREET ADDRESS 2.3 STREET ADDRESS Orlando, FL 32809 CITY-ST-ZIP 2.4 C(1Y - \$1 - Z(P TITLE DELETE Change Addition 3 1 1016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 THILE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - 2)F DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

MATURE: LARAINE CROUND 11-22-97 407-859-04

14. I do 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 corp reation or the receiver or trustee emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY - ST- ZIP

**6.3 STREET ADDRESS** 

G.1 TITLE

6.2 NAME

DELETE

on an attachmen