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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001407

1. Corporation Name:
DREAMTIME CRUISES & TOURS INC

Principal Place of Business / Mailing Address
2911 Red Bug Lake Rd STE 800
Casselberry, FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JANUARY 1, 1997

2. Principal Place of Business
21 2911 Red Bug Lake Rd
22 Suite, Apt. #, etc. STE 800
23 City & State: Casselberry, FL
24 Zip: 32707 25 Country: USA

2a. Mailing Address
26 2911 Red Bug Lake Rd
27 Suite, Apt. #, etc. STE 800
28 City & State: Casselberry, FL
29 Zip: 32707 30 Country: USA

4. FEI Number: 59-3423727 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
Dianne Billings
2911 Red Bug Lake Rd STE 800
Casselberry FL 32707

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: Dianne Billings (Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Dianne Billings	1.2 NAME	
STREET ADDRESS	2911 Red Bug Lake Rd ste 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry FL 32707	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ 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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002541751
STREET ADDRESS		6.3 STREET ADDRESS	-06/01/98--01018--045
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 added above or on an attached sheet, with an address.

SIGNATURE: Dianne Billings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 (407) 695-1467
Date Daytime Phone #