

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90030 039 ***150.00

DOCUMENT # P97000035752

1. Corporation Name

DREAMTIME TOURS VACTION BUYERS CLUB, INC.

Principal Place of Business

25180 CORTEZ BLVD
BROOKSVILLE FL 34601

Mailing Address

25180 CORTEZ BLVD
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3472164

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 31087 Cortez Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 31087 Cortez Blvd.
Suite, Apt. #, etc.

City & State

23 Brooksville FL
Zip Country

24 34602

City & State

28 Brooksville FL
Zip Country

29 34602

30

9. Name and Address of Current Registered Agent

SPECIALE, ROBERT
25180 CORTEZ BLVD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
31087 Cortez Boulevard

83

84 City Brooksville

FL

85 Zip Code 34602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME REISIG, ROBERT C
STREET ADDRESS 11575 SW 51ST ST
CITY-ST-ZIP COOPER CITY FL 33330
☒ DELETE

TITLE VS
NAME SPECIALE, ROBERT
STREET ADDRESS 25180 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL
☐ DELETE

TITLE T
NAME SALMON, CECIL T
STREET ADDRESS 25180 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE PRESIDENT
2.2 NAME Robert Speciale
2.3 STREET ADDRESS 31087 Cortez Blvd.
2.4 CITY-ST-ZIP Brooksville, FL 34602
☒ Change ☐ Addition

3.1 TITLE V/P TREASURY
3.2 NAME Cecil T. Salmon
3.3 STREET ADDRESS 31087 Cortez Blvd.
3.4 CITY-ST-ZIP Brooksville, FL 34602
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)