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

DOCUMENT #

P97000051615 (7)

DESTINY TOURS, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



18812 N.W. 53RD AVENUE 18812 N.W. 53RD AVENUE MIAMI FL 33065 MIAMI FL 33065			•			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/11/1997	
2. Principal Place of Business 28. Mailing Address 29. 18812 N.W. 53 P. M.E. 26. 18812 N.W.				-> PO	A FECAL TO A SECOND TO A SECON	
				21	4 2	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired See Required Fee Required	
City & State City & State				· /	6. Election Campaign Financing \$5.00 May Be	
23 MIAMI, FLA: 28 /// AM/ F			1	.14	Trust Fund Contribution	
ー 『 <i>ター 22ハċċ</i> トっ ~//: イチ トっ ~22 ハ č´ トっ /			Country	15 4	B. This corporation owes or has paid the current year intensible personal Property Tax due June 30. Yes (20 No 21)	
24 9 3	9. Name and Address of Current I	Registered Agent			Personal Property Tax due June 30. Yes No June 10. Name and Address of New Registered Agent	
Th	10MPSON, WILLIAM S		81	Name		
	3812 N.W. 53RD AVENUE		82	Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33055						
			83			
			84	City	FL 85 Zip Code	
l						
11. Pursuant to the provisions of Socious 607.05.02 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 Shange 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, Segliph 607.0505, Florida Statutes.						
SIGNATURE 3/ Reliant A. Thomason 4-6-98						
7				en! signatur	re required when reinstating) DATE	
12.	PD OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	THOMPSON, WILLIAM S	C petrit	1.2 NAME		La Orango La roduton	
STREET ADDRESS	18812 N.W. 53RD AVE.			T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-	S1-ZIP		
TITLE	STD	□ DELETE	2.1 TITLE		Change Addition	
NAME	THOMPSON, CYNTHIA L		2.2 NAME			
STREET ADDRESS	18812 N.W. 53RD AVE. MIAMI FL 33055		B	I ADDRESS		
CITY-ST-ZIP TITLE	MIAMI I E 33033	DELETE	2.4 CITY- 3.1 TITLE	\$1-7IP	Change Addition	
NAME		_	3.2 NAME		_ , _	
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZiP			3.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 1ITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREE	T ADDRESS		
TITLE		DELETE	5.1 TITLE	31 EN	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	*	- Orvete	5.4 CITY-1	ST - ZIP	Change	
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME Street address			6.2 NAME	T ADDRESS		
CITY-ST-ZIP			6.4 CITY - 1			
14. Thereby c	ertify that the information supplied with	this filing does not qualify for t	he exemp	otion stat	ted 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 trusted expowered 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 an attachment with any oddress.						