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Feb 03 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 # P97000064537 (8)

1. Corporation Name

DESTINATION TRAVEL SPECIALISTS, INC.

Principal Place of Business

7660 PHILLIPS HIGHWAY #14
JACKSONVILLE FL 32256

Mailing Address

7660 PHILLIPS HIGHWAY #14
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

2. Principal Place of Business

21 7660 PHILLIPS HWY

Suite, Apt. #, etc.

22 15

City & State

23 JACKSONVILLE FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 7660 PHILLIPS HWY

Suite, Apt. #, etc.

27 15

City & State

28 JACKSONVILLE FL

Zip

29 32256

Country

30 USA

4. FEI Number

59-3458956

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

WILSON, JACQUELINE A
7660 PHILLIPS HIGHWAY #14
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

JACQUELINE A. WILSON

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

7660 PHILLIPS HIGHWAY

83

SUITE 15

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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

Jacqueline A. Wilson
Signature, typed or printed name of registered agent and title if applicable.

JACQUELINE A. WILSON, VICE PRESIDENT

DATE

1/9/98

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LAJEVARDI, ABDI
STREET ADDRESS 18 SOUTH PEAK
CITY-ST-ZIP LAGUNA NIGUEL CA 92677

TITLE ☐ DELETE

NAME BAYRAMI, ALI
STREET ADDRESS 23 OLD RANCH ROAD
CITY-ST-ZIP LAGUNA NIGUEL CA 92677

TITLE ☐ DELETE

NAME KEIVANFAR, FARZAD F
STREET ADDRESS 575 EVELYN PLACE
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE ☐ DELETE

NAME GORFU, IASU
STREET ADDRESS 9852 STANFORD AVENUE
CITY-ST-ZIP GARDEN GROVE CA 92641

TITLE ☐ DELETE

NAME LOCKWOOD, SANDRA
STREET ADDRESS 3330 CANON BAY DRIVE
CITY-ST-ZIP CUMMING GA 30131

TITLE ☐ DELETE

NAME ROGERS, KAREN
STREET ADDRESS 3330 CANON BAY DRIVE
CITY-ST-ZIP CUMMING GA 30131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Jacqueline A. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-98 (904) 737-1996
Date Daytime Phone # 0041192

CR2E034 (10/97)