


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 <i>Amended</i>
DOCUMENT # P97000082992 1. Corporation Name <b>ESTACY TRAVEL AGENCY, INC.</b>	

**FILED**  
99 JUL -9 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>91 NE 54 STREET MIAMI, FL 33137</b>	Mailing Address <b>91 NE 54 STREET MIAMI, FL 33137</b>
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2. Principal Place of Business 21 <b>91 NE 54 Street</b> Suite, Apt. #, etc. 22 <b>Miami, FL</b> City & State 23 <b>33137 USA</b> Zip Country		2a. Mailing Address 26 <b>91 NE 54 Street</b> Suite, Apt. #, etc. 27 <b>Miami, FL</b> City & State 28 <b>33137 USA</b> Zip Country		3. Date Incorporated or Qualified <b>9/23/97</b>		4. FEI Number <b>65-0781708</b> Applied For Not Applicable	
24		25		29		30	
9. Name and Address of Current Registered Agent <b>BRYANT, DARIAN J. 91 NE 43 STREET MIAMI, FL 33137</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D P S</b>	1.1 TITLE	
NAME	<b>BRYANT, DARIAN J.</b>	1.2 NAME	
STREET ADDRESS	<b>91 NE 54 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>CALVIN, T GRANTLEY</b>	2.2 NAME	
STREET ADDRESS	<b>3411 KAPOT TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	
NAME	<b>STEPHENSON, TINO</b>	3.2 NAME	
STREET ADDRESS	<b>11437 SW 150 DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D T</b>	4.1 TITLE	
NAME	<b>SPENCE, AYLAI</b>	4.2 NAME	
STREET ADDRESS	<b>3411 KAPOT TERRACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Darian J. Bryant* / **DARIAN J. BRYANT** 7/8/99 (305) 754-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 JUL -9 PM 3:47

RECORDS OF STATE  
TALLAHASSEE, FLORIDA



7/7/99 90010/020 \$150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000040187  
1. Corporation Name  
GRANDE LEISURE HOLDINGS INTERNATIONAL CORPORATIO  
N

Principal Place of Business  
4370 S TAMAMI TRAIL  
321  
SARASOTA FL 34231  
US

Mailing Address  
4370 S TAMAMI TRAIL  
321  
SARASOTA FL 34231  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified  
05/23/1994  
4. FEI Number  
65-5057749  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MUSICK, BARBARA A  
4370 S TAMAMI TRAIL  
STE 321  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1606, 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]* DATE 6/30/99  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME TOPLIS, BRIAN K  
STREET ADDRESS 5348 HUNTINGWOOD CT  
CITY-STATE-ZIP SARASOTA FL 34235  
TITLE ST  
NAME MUSICK, BARBARA  
STREET ADDRESS 2425 WHIPPOORWILL CIRCLE  
CITY-STATE-ZIP SARASOTA FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT  
1.2 NAME TOPLIS, BRIAN K  
1.3 STREET ADDRESS 5348 TUPALO TRAIL  
1.4 CITY-STATE-ZIP BRADENTON, FL 34202  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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: *[Signature]* DATE 6/30/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)