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**

P97000094639 (6) DOCUMENT

TRAVEL DESIGNS BY DEBBIE, INC.

FILED Apr 20 1998 8:00am Secretary of State



Defection Plane & Outring and Marketine Address						
Principal Place of Business Mailing Address						
6115 KIPPS COLONY DRIVE W 6115 KIPPS COLONY DRIVE			W	N		
GULFPORT FL 33707		GULFPORT FL 33707			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/28/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-34795/6 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	У	This corporation owes or has paid the current year Intangible	
24	25	29 3	0		Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	TUCKER, RONALD W			i Nar	le l	
6115 KIPPS COLONY DRIVE W			82 Street Address (P.O. Box Number is Not Acceptable)			
GU	LFPORT FL 33707					
			8:	3		
			84	City	B5 Zip Code	
					PL	
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, typoid or printed name of registered agent and title if applicable (NOTE: Re				Registered Agent signature required when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITLE		DEBORAH S. TUCKER	
NAME .			1.2 NAME		-1 Δα	
STREET ADDRESS	ET ADDRESS		1.3 STREET ADDRESS		\$ 6/13 /2/000 (0/0/09 27707	
CITY-S1-ZIP			1.4 CITY-	ST-ZIP	GULFPORT, FL 33707	
TITLE		☐ DELETE			S/7 Change Addition	
NAME	2.2		2.2 NAME ROI		RONALD W. TUCKER	
STREET ADDRESS	DRESS		2.3 STREI	T ADDRE	5 6115 KIPPY COLONY DR. W.	
CITY-ST-ZIP		Locusto	2. 4 CITY	- ST- ZIP	RONALD W. TUCKER 6 6115 KIPPY COLONY DR. W. GULFPORT, FL 3307	
TITLE	DELETE 3.1		3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREI	1 ADDRE	s	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		∐ DELETE	4.1 TITLE		L. Change L. Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRE	s	
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE	☐ DELETE 5.1		5.1 TITLE	5.1 TITLE Change Additi		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRE	s	
CITY-S1-ZIP			5.4 CITY	ST-ZIP		
TITLE	DELETE 6.1		6.1 TITLE	TITLE Change A		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRE	s]	
CITY+ST-ZIP			6.4 CITY	ST-ZIP		
					1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Thereby 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 informatio 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.