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 #

1. Corporation Name

P97000096655 (0)

DAY TRIPPER, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
1819 SHORE DRIVE SOUTH 1819 SHORE DRIVE SOUTH										
ST PETERSBURG FL 33707					ST PETERSBURG FL 33707				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified		
ł									(**	
A Dilector D	No. 20 00 10 10 10 10 10 10 10 10 10 10 10 10				Mailing Address				11/13/1997	
						Alle			4. FEI Number Applied For Not Applicable	
21 145 108th Ave					26 145 108th AUE					
Suite, Apl. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
22 Suite 5 City & State					City & State					
	TREASURE IS/AND FL				28 TREASULE Island FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	HAL I	Country	,	28	Z(p)		untry		11000 11000	
24 7337	116		SA	29	39706	30		5 <i>A</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
24 001		and Addres				[30]	4	207	10. Name and Address of New Registered Agent	
444	IERILAWYE						B1	Name		
343 ALMERIA AVENUE							82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134							83	·		
							0.5			
							84	City	85 Zip Code	
	 .		207 212				<u>L_</u>	L	FL L CO	
office or r	to tne provis e ciste red ac	ions of Sectional and the section of	ons 607,0502 In the State	z and 60 of Florid	17.1508, Florida Stat la. Such change wa	tutes, the a s authorize	id bi	e-named the cor	representation's board of directors. I hereby accept the appointment as registered	
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, typec	For probed name of					d Age	ent signature	e required when reinstalling) DATE	
12.	PSTD	··· C#	FICERS AND	JIMEG	DELETE	13. 1.1 T	171 F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		EDAID D			C OFFER				PSTD KING, GERALOR: 145 108th Aue Suite 5 TREASURE IS AND FL 33706 VO FLETER, WILLIAM P 145 108th Aue Suites TREASURE IS AND FLETER, WILLIAM P 145 108th Aue Suites	
NAME		SERALD R	: eAlitu			1.2 N			145 108th Ave Suite 5	
STREET ADDRESS		HORE DRIVI						ADDRESS	TREASURE TO AND FL 23206	
CITY-ST-ZIP TITLE	VD VD	ersburg f	L 33/0/		DELETE			T-ZIP		
=	<u> </u>	LINI LIAKA F	,		☐ DELEIE	2.1 T			Exerce WILLIAM Change Addition	
NAME		I, WILLIAM F HORE DRIVI				2.2 N			INCORER AND SULTES	
STREET ADDRESS								ADDRESS	TREASURE ISLAND FZ 33706	
CITY-ST-ZIP	SIPEI	ersburg f	L 33/0/					ST-ZIP_		
TITLE	[]				DELETE	317			Change Addition	
NAME						3.2 N				
STREET ADDRESS						3.3 S	TREET	ADDRESS		
CITY-ST-ZIP								ST-ZIP		
TITLE					☐ DELETE	4.1 T			Change	
NAME						4.21	MAME			
STREET ADDRESS						4.3 \$	TREET	ADDRESS		
CITY-ST-ZIP						4.4 C	ITY-S	T-ZIP		
TITLE					☐ DELETE	5.1 3	TLE		Change Addition	
NAME						5.2 N	AME]	
STREET ADDRESS						538	TREET	ADDRESS		
CITY-\$1-ZIP						5.4 C	ITY-S	T - ZIP		
TITLE					DELETE	6.1 T	ITLE		Change Addition	
NAME						6.2 N	AME			
STREET ADDRESS						6,3 S	TREET	ADDRESS	<u> </u>	
CITY-\$T-ZIP							ITY - S	· ·		
W1-E11						0.4 0		. 60		

14. I hereby contry that the information supplied with this filling 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 attachmost with an address.

SIGNATURE: