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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000004274

1. Corporation Name
DESTIN RETAIL, INC.

Principal Place of Business

1318 SWANN AVENUE
TAMPA FL 33606

Mailing Address

1318 SWANN AVENUE
TAMPA FL 33606

2. Principal Place of Business

21 5858 Central Avenue
Suite, Apt. #, etc

22 City & State
23 St. Petersburg, FL
Zip Country
24 33707 25 US

2a. Mailing Address

26 5858 Central Avenue
Suite, Apt. #, etc

27 City & State
28 St. Petersburg, FL
Zip Country
29 33707 30 US

9. Name and Address of Current Registered Agent

FILIPPELLI, JOSEPH A
1318 SWANN AVENUE
TAMPA FL 33606

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: printed name of registered agent and title of signatory

Joseph A. Filippelli

4-20-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	FILIPPELLI, JOSEPH A	1318 SWANN AVENUE TAMPA FL 33606
[DELETE]			
[DELETE]			
[DELETE]			
[DELETE]			
[DELETE]			
[DELETE]			
[DELETE]			
[DELETE]			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D, P, T, S	5858 Central Avenue	St. Petersburg, FL 33707
	V, D	Sender, Melvin F.	5858 Central Avenue
	V, D	Sender, Brent W.	5858 Central Avenue
	V, D	Sender, Gregory S.	5858 Central Avenue
	V, D	Sender, Craig H.	5858 Central Avenue
	V, D	Figueroa, Jeffrey S.	5858 Central Avenue

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: ✓

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Filippelli

4-20-99 727-540-0339

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