## 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

## **DOCUMENT #**

P98000012951

1. Corporation Name

AMERICA'S DESTINATION GROUP, INC.,

Principal Place of Business

Mailing Address

2525 Pasadena Avenue S.

State U					DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
St. Petersburg, FL. 33707					<ol> <li>Date Incorporated or Qualifed 2/10/98</li> </ol>				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		T Ā	pplied For	
21		26			59-3531967		N	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			v. Controlls of Charles Desired		Fee Re	equired	
City & Stat	te	City & State			6. Election Campaign Financing			May Be	
23 Tip		28			Trust Fund Contribution			to Fees	
Zip	Country Zip		Countr	у	8. This corporation owes the curre				
24	25   9. Name and Address of Current		<u>ol</u>		Personal Property Tax.		☐ Yes	□No	
			81	Name	10. Name and Address of New R	agistered A	gent		
<u> </u>	Anthony P. Valente,				, 				
	KNAUST & VALENTE, P.	.A.	82	Stree	t Address (P.O. Box Number is Not Acceptate	ole)			
2730 Central Avenue			82	83					
	St. Petersburg, FL.	33712	[3	<u></u>					
			84	City		FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-name	d corporation submits this statement for the p	ourpose of ch	nanging its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	norized by	the cort	poration's board of directors. I hereby accept	the appoint	ment as re	gistered '	
SIGNATURE		5/13 (1), Occurrent Gov. Good, 1 forta	a Oldidio.	J.	•	4-23-1	99		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	egistered Age	nt signature	required when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	Juan Carlos Rua	☐ DELETE	1.1 TITLE				Change	Addition.	
NAME	2525 Pasadena Avenue	e S. P/D	1.2 NAME						
STREET ADDRESS	St. Petersburg, FL.	33707	1.3 STREE	T ADDRESS					
CITY-ST-ZIP	·		1.4 CITY- 8	T-ZIP					
TITLE	Pat Seifried	☐ DELETE	2.1 TITLE			!	Change	☐ Addition	
NAME	_2525 Pasadena Avenu	ue S. VP/S/T/.	2.2 NAME						
STREET ADDRESS	St. Petersburg, FL.	. 33707 D	2.3 STREE	T ADDRESS	<b>;</b> }				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE	Judy Ferrara	☐ DELETE	3.1 TITLE			1	Change	☐ Addition	
NAME	2525 Pasadena Aveni	ue S. VP/D	3.2 NAME		J <sup>*</sup>				
STREET ADDRESS	St. Petersburg, FL.	. 33707	3.3 STREE	TADDRESS	1				
CITY-ST-ZIP		☐ DELETE	3.4, CITY-5	ST-ZIP					
TITLE		L) DELETE	4.1 TITLE		1	ı	Change	Addition.	
NAME			4. 2 NAME					ĺ	
STREET ADDRESS			i .	TADDRESS	1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP			Channe	□ Addition	
NAME		C nerest	5.1 IIILE 5.2 NAME			ſ	Change	☐ Addition	
_ i			5.3 STREET	T ANNOFES	İ				
STREET ADDRESS			5.4 CITY-S		1				
CITY-ST-ZIP		[] DELETE	6.1 TITLE	411		, г	Change	Addition	
NAME		ر مسادر	6.2 NAME			Ĺ	7 marida	L vaginou	
STREET ADDRESS			6.3 STREET	ADDRESS	1				
•			6.4 CITY-S		Į.			ţ	
CITY-ST-ZIP			0.4 (31 1-5	1-ZP					

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:

May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 016 \*\*\*450.00