

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: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000088247

1. Corporation Name

ALL DESTINATIONS CRUISE & TRAVEL, INC.

Principal Place of Business

1907 SW 170TH ST
NEWBERRY FL 32669

Mailing Address

3324 W UNIVERSITY AVENUE #137
GAINESVILLE FL 32607

FILED

99 SEP 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1998

4. FEI Number

69-3538141

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

3302 N. UNIVERSITY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUITE C

City & State

Zip

Country

Zip

Country

32607

US

9. Name and Address of Current Registered Agent

CRANE, DONNA
3324 W UNIVERSITY AVE #137
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE

D

NAME

CRANE, DONNA

STREET ADDRESS

3324 W UNIVERSITY AVE #137

CITY-STATE-ZIP

GAINESVILLE FL 32607

TITLE

D

NAME

LEBLANC, CAROL

STREET ADDRESS

3324 W UNIVERSITY AVE #137

CITY-STATE-ZIP

GAINESVILLE FL 32607

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

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)(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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna X. Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (352) 472-3600
Date Daytime Phone #

CR2E034 (5/99)



2

September 23, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

Please find enclosed the filing of my Corporate Annual Report. This is the first notice that I have received for this filing. Since this was the first year in business, I was not looking out for it.

Per my conversation with Marie, I have enclosed attached a check in the amount of \$150.00.

If you have any questions in regards to the above, or if I'm required to file any additional information, please don't hesitate to give me a call.

Donna K. Crane
President

3302 W. University Avenue, Suite C
Gainesville, FL 32607
E-Mail LetsCruze@aol.com
(352) 472-3600
Fax (352) 376-8707