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 # P98000102328 1. Corporation Name

DESTINATION EUROPE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90162 003 ***150.00



	· · · · · · · · · · · · · · · · · · ·			<u></u>			481 (911)681	
Principal Plac	e of Business	Mailing Address						
727 WALDEMER	RE STREET	1727 WALDEMERE STREET	ī					
SARASOTA FL 34239		SARASOTA FL 34239			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	O OI NOL		
· · · · · · · · · · · · · · · · · · ·		Los Madisos Address			12/07/1998 4. FEI Number	TA An	plied For	
2. Principal P	lace of Business	2a. Mailing Address			65-0900966	<u> </u>	t Applicable	
21	W -4-	26 Suits Ant # sto			03 50100100	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re		
22		27 City.& State	<u> </u>				 -	
_=:City &:Stat		<u>⊢</u> ¬ ′	 		-6. Election Campeign Financing Trust Fund Contribution	\$5:00- Added to	- 1	
23 Zin	Country	Zip Zip	Cour	ntrv			31003	
Zip	~~~ ´	— ·	30	··· y	 This corporation owes the current year to Personal Property Tax. 		□No	
24	9. Name and Address of Curre	29	[30]		10. Name and Address of New Registere			
	9. Name and Address of Cure	ill Kegistered Agent		81 Name	101 1101110 0110 1100 01110	<u></u>		
KUSC	CHNITZKY, SILKE							
1727 WALDEMERE STREET SARASOTA FL 34239			Ţ	82 Street A	ddress (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)		
			}	83				
Ontin	100 IA (E 04203			83				
			Ì	84 City		85 Zip C	ode	
			ļ		orporation submits this statement for the purpose			
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	autnorized	by the corpora	ation's board of directors. I hereby accept the app	ointment as reg	jistered {	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signature req	uired when reinstating) DATE			ά
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			1/08
TITLE	D	☐ DELETE	1.1 TIT	LE 🗗	RESIDENT (P)	Change	Addition	Ξ
NAME	KUSCHNITZKY, SILKE		1.2 NA	ME A	INDERS BJOERKMAN		ļ	5
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CITY-ST-ZIP	SARASOTA FL 34239		1.4 CIT	Y-ST-ZIP	SARASOTA FL 3423	9		Ď
TITLE		☐ DELETE	2.1 117	LE		Change	Addition	(
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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.