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(850) 487-6013

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 AUG 12 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26123**

Corporation Name
PREMIUM TRAVEL OF NAPLES, INC.

Principal Place of Business	Mailing Address
THE OAKS SHOPPING CENTER 2236 TAMIAMI TRAIL NORTH NAPLES FL 34103 US	THE OAKS SHOPPING CENTER 2236 TAMIAMI TRAIL NORTH NAPLES FL 34103 US

DO NOT WRITE ... THIS SPACE

Date Incorporated or Qualified: 01/18/1991

FEI Number: 65-0235276 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ — $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

	Principal Place of Business	Mailing Address
21/26		OCEAN REEF
22/27	Suite, Apt. #, etc.	7 SUNRISE CAY DR
23/28	City & State	KEY LARGO, FL
24/29	Zip	33037
25/30	Country	USA

Name and Address of Current Registered Agent

RELIABLE AGENTS, INC.
801 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

Name and Address of New Registered Agent

81 Name

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

700002964267--8
-08/19/99--01039--010
*****61.25 *****61.25

83 City FL 84 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS — ... CHANGES ... ADDITION

TITLE	P	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	DAVIDSON, JOHN C.		12 NAME	
STREET ADDRESS	~~5600 TAMIAMI TRAIL NORTH, #20~~		13 STREET ADDRESS	2236 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	
TITLE	CHM	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	DAVIDSON, THOMAS N.		22 NAME	
STREET ADDRESS	~~5600 TAMIAMI TRAIL,SUITE 19 AND 20~~		23 STREET ADDRESS	2236 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	MORRIS, DEBRA S.		32 NAME	
STREET ADDRESS	~~5600 TAMIAMI TRAIL NORTH, #20~~		33 STREET ADDRESS	2236 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	41 TITLE	☒ Change ☐ Addition
NAME	MORRIS, CHARLES M.		42 NAME	
STREET ADDRESS	~~5600 TAMIAMI TRAIL NORTH, #20~~		43 STREET ADDRESS	2236 TAMIAMI TRAIL N.
CITY-ST-ZIP	NAPLES FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

SP

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 11 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

Signature