## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05475

(1)

BEACH TRAVEL OF TREASURE ISLAND, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			T INDRIK DISDAY DANNEL DISH DANNA KANDAR WATIL BANNAR BANNAR BANNAR BANNAR BANNAR HANNAR HANNAR HANNAR HANNAR			
142 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706		142 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-4716							
			•		3. Date Incorporated or Qualified 01/09/1992		of Last R /1996	eport	
2. Principal P	race of Business	2a. Mailing Address			4. FEI Number Applied Fo			•	
21   Suite, Apt #, etc		26 State And House			59-3104631	Not Applicable \$8.75 Additional			
—	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat		City & State			6. Election Campaign Financing	***************************************			
23		28			Trust Fund Contribution				
Zφ	Country Zip		Country		8. This corporation has liability for in	ntangible ta	x under s	199.032,	
24	25	29	30			Yes 🗌			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Rec	Deserved Ac	jent		
	VINSKAS, ALENA B.	,	81	Name		·			
	TREASURE ISLAND CAUSEWAY		82	Street Add	iress (P.O. Box Number is Not Acceptab	e)			
TREASURE ISLAND FL 33706			83						
							, <u>,</u>		
			84	City		FL	<b>85</b> Zip i	Code	
agent. La SIGNATURE	milifamuliar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute	S.	tion's board of directors. I hereby acceptions to the second of directors of of di	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TillE	DP	☐ DELETE	1.1 TITLE		<del></del>		Change	Addition	
NAME	GLAVINSKAS, ALENA B.		1.2 NAME						
STREET ADDRESS	4925 60TH AVE. S.		1.3 STREE	T ADDRESS					
CHY-SI-74	ST. PETERSBURG FL.	DELETE	1.4 CITY -	ST-ZIP		т	Change	Addition	
NAME	GLAVINSKAS, TOMAS J.	C) nereit	2.1 TITLE 2.2 NAME			L.	Ti cianôs		
STREET ADDRESS	4925 60TH AVE. S.		1	T ADDRESS					
CPY-ST-ZP	ST. PETERSBURG FL.		2. 4 CITY						
TIFLE		DELETE	3.1 TITLE	V		L	Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY - ST - ZIP		Fm	3.4. CITY -	ST-ZIP					
THEF		DELETE	4.1 TITLE	1		L	Change	Addition	
NAME CIRCLI ATMOREUS			4. 2 NAME	T ADDRESS					
STREET ADDRESS OHY-ST-7P			4.3 STREE						
lilité		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CHY-SI-ZF			54 CITY-	ST-ZIP					
TITLE		☐ DELÉTE	61 TITLE			L	Change	Addition	
NAME			6.2 NAME	Į.					
STREET ADDRESS				T ADDRESS					
2017 CT 210	I .		EAPHY.	CT 710 [					

14. I do 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 eath; 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