## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	VIEINI # /6183	4 (1)			
NORWEGIAN SHIPPING CLUB, INC.					
HOTHL	CONTROL OF THE CEOP! IN	iO <sup>i</sup>		A SERVICIO RELIGIO RICOLI ANDRE ARADO ARADO REGIO DARAD DICOLO REGIO DARADO REGIO	
Principal Place of Business Mailing Address		,			
C/O STUART H. ALTMAN ESQ C/O STUART H. ALTMAN ( 1180 S AMERICA WAY, P.O.BOX 1 1180 S. AMERICA WAY, P.					
1180 S AMERICA WAY. P.O.BOX 1 1180 S. AMERICA WAY. P. MIAMI FL 33132 MIAMI FL 33132-2025			O. BOX I		
US		US		3. Date Incorporated or Qualified 03/02/1982 3a. Date of Last Report 02/26/1996	
2. Principal Place of Business 2a. Mailing Address		······································	4. FEI Number Applied For		
21 26			NOT APPLICABLE Not Applicable		
Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
		City & State		Fee Required	
, '		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
AI TAZAM	OTHERT II			ALIMAN, SIVAKI II.	
	, stuart H. 1st ave 11th floor		82 Street /	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33128			83 ,-	7th floor	
(ma am 1 = 00 (50			84 City.	85 Zip Code	
			H	(IAM) FL   33/8/	
11. Pursuant t	to the provisions of Sections 617.05 edistered agent, or both, in the State	02 and 617,1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent la	m familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered ag	pent and title if applicable (NOT	E: Registered Agent signature	e required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	NORDH, NILS	AREA CARIR MAN	1.2 NAME		
STREET ADDRESS	C/O ROY. CARIB. CRU. LTD.	, 1050 CAHIB. WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33/3之 S	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	SECRETARY Y Change Addition	
NAME	BORGESMD, ANN M	E percit	22 NAME	INGER S. GOPLAND	
STREET ADDRESS	C/O UNITOR 1001-C NW 15	TH DR	2.3 STREET ADDRESS	% Royal Caribbean Clust LTD. 1050 (AUBSON	
CITY-ST-ZIP	MIAMI FL		2.4 CiTY-SY-ZIP	MIAMI, FL 33/32	
TITLE	D	DELETE	3.1 TITLE	VILE - PERSIDENT Change Addition	
NAME	BOLSTAD, SVERRE		3.2 NAME	BJORN NABRSTAD	
STREET ADDRESS	199 OCEAN LANE DR, #601		3.3 STREET ADDRESS	1001 NORTH AMBRICA WAY, #115	
CITY-ST-ZIP	KEY BISCAYNE FL		3.4. CITY - ST-ZIP	MIAMI, FL 33/32	
TITLE	T	☐ DELETE	4.1 TITLE	TREASURER Change Addition	
NAME	BERGER, NIELS		4, 2 NAME	1001 NORTH AMERICA WAY, #/15	
STREET ADDRESS	1221 BRICKELL AVE, STE 94	Ю	4.3 STREET ADDRESS	MI AMA SI SELECT WITH THE	
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CITY+ST-ZIP 6.1 TITLE	MIAMI, FL 33/32	
TITLE NAME	D Hindedthan atie	Las Vicient	5.2 NAME	IFINIL F SOLVIK	
STREET ADDRESS	UNDERTHAN, ATLE 125 NE 9TH ST		5.3 STREET ADDRESS	2144 N.W. 7th AVENUE	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	D D	DELETE	6.1 TITLE	Change Addition	
NAME	YINN, SOLEN	- · ·	6.2 NAME	ARNE BAEKKELUND	
STREET ADDRESS	1001 N AMERICA WAY, STE	202	6.3 STREET ADDRESS	2980 NE 19TH STREET	
			1	THUDAUS BEACH EL 33063	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GUDRUN S. KARLISEN

**FILED** 

Mar 03 1997 8:00am

Secretary of State