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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

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P23299

(1)

EUROPA CRUISES CORPORATION

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T TO DESCRIPT THE SERVED STRING FINDER OF	ila ibit bibit albit (innii miali fini	O OCAN IDO	
180 153RD AVE STE 200 MADEIRA BCH FL 33708		150 153RD AVE STE 200 MADEIRA BCH FL 33708				DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualified					
						03/07/1989				
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21		26				59-2935476	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 1			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financin	9	\$5.00	May Be		
23		28			Trust Fund Contribution		Added	to Fees		
Zip	Country	Zıp		intry		This corporation owes or ha	· •			
24	25		30	,		Personal Property Tax due		1	J No	
	e. Name and Address of Curren	I Hegistered Agent		81	Name	10. Name and Address of Nev	Registered A	gent		
BULLQCK, LESTER					Deb	orah A. Vitale				
150 153RD AVE					Street Add	Iress (P.O. Box Number is Not Acce				
STE 200					<u> 150 – </u>	153rd Ave., Suite 2	.00			
MA	DEIRA FL 33708			83						
			İ	84	City .			85 Zip.	Code	
						a Beach	_ FL	1 7	Second Second	
11. Pursuant t	o the provisions of Sections 607.0502 agistered agent, or both, in the State of familiar with, and tecept the obliga-	2 and 607.1508, Florida Spatutes	the al	bove-	named cor	poration submits this statement for t	he purpose of	changing it	s registered	
agent lar	agistered agent, or boot, in the state or lamiliar with, and accept the obliga	dons of Section 207:0000, Flori	itnorize ida Stat	a by t tutës.	ле согрога	tiloris board of directors. I hereby a	cept the appo	inunent as	registered	
SIGNATURE	1 March	11/1/4R	رن			t	1-6-98	ζ		
SIGNATURE)	Slop, ore, typed - printed name of registered ages	n av I sile if upplicable. (NOTE:	Hagistere	d Agent	signature requ	ired when reinstating)	DATE	ر		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 11	TLE	İ			Change	Addition	
NAME	B ULLOCK, LESTER E		1.2 N	AME						
STREET ADDRESS	150 153 AVE STE 200		1.3 \$1	IREET AL	DDRESS					
CITY-ST-ZIP	MADEIRA BCH FL	1.4.0		IY-SI-	ZIP					
TITLE	OFO .	DELETE 2.11		TLE				Change	☐ Addition	
NAME	QLADSTONE, DEBRA		2.2 N/	AME						
STREET ADDRESS	150 153RD AVE, STE 200		2.3 \$1	REET A	DDRESS					
CITY-ST-ZIP	MADEIRA BCH FL		2.4 C	ITY-ST	ZIP					
TITLE	DC	DELETE	3.1 TI			esident		Change	X Addition	
NAME	VITALE, DEBORAH A.		3.2 N/	AME	1					
STREET ADDRESS	150 153RD AVE, STE 200		33.57	REET AL	OORESS					
CITY-ST-ZIP	MADEIRA BCH FL		8	ITY-\$1						
TITLE	D D	▼ DELETE	4.1 TO			rector		Change	X Addition	
NAME	HEDLEY, PIERS	_	4. 2 N		Dυ	aber, John R.	•	_ •		
STREET ADDRESS	150 153RD AVE SUITE 200		ľ	REET AL	nness 20	0018 Westover Ave.				
CITY-ST-ZIP	MADEIRA BCH FL 33708			TY-ST-	De	ocky River, Ohio 4	4116			
TITLE	IN WEIGHT DOTT IE GOTOU	DELETE	5.1 TII			rector		Change	K Addition	
NAME			5.2 NA			Mattia, Paul J.				
STREET ADDRESS			•	REET AL		Mactia, Paul J. 102 Pine Forest Dri				
				TY-ST			∤ ಆ			
CITY-ST-ZIP TITLE		DELETE	5.4 UI 6.1 TO			arma, Ohio 44134	 -	Change	Addition	
		La Vereit	6.2 NA		Piı	rector	·	onange	LANGILION	
NAME OTOSCT ADDOCCS					Ha	arrison, Gregory A.				
STREET ADDRESS				REET AC	JUNESS I					
CITY-ST-ZIP	ortify that the information and I all a	In this files does not a self- fe-		1Y-ST-	ZIP Ga	6209 Kimberly Grove ithersburg, Marylar	d20878		Inform - Co.	
Indicated of	ertify that the information supplied wit on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attac	I annual report is true and accur	rate and	d that	my signatu	ire shall have the same legal effect	as if made und	er oath: tha	at I am an	