

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 20 11 09 AM '95

DOCUMENT # P23502 (8)

1. Corporation Name
RENAISSANCE CRUISES, INC.

Principal Place of Business Mailing Address
1800 ELLER DRIVE, SUITE 300 FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/21/1989	02/14/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0111674	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COPROLITE CORPORATION 1400 AMERIFIRST BLDG. MIAMI FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. 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 re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNER, EDWARD B.	1.2 NAME	
STREET ADDRESS	1800 ELLER DRIVE, #300	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	TV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIO, FRANK	2.2 NAME	
STREET ADDRESS	1800 ELLER DR, #300	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, STEPHEN	3.2 NAME	
STREET ADDRESS	1400 AMERIFIRST BLDG., ONE SE 3RD AVE.	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, RICHARD L.	4.2 NAME	KIRBY, RICHARD L.
STREET ADDRESS	1800 ELLER DR, #300	4.3 STREET ADDRESS	1800 ELLER DR, #300
CITY, ST, ZIP	FT LAUDERDALE FL	4.4 CITY, ST, ZIP	FT LAUDERDALE FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Edward B. Rudner EDWARD B. RUDNER 6/5/95 305-463-0982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Year)

CR2E034 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P24159 (6)**

1. Corporation Name
WORLD CHAMPIONSHIP WRESTLING, INC.

Principal Place of Business Mailing Address
**ONE CNN CNTR
P O BOX 105366
ATLANTA GA 30349-2366** **ONE CNN CNTR
P O BOX 105366
ATLANTA GA 30349-2366**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1989	3a. Date of Last Report 06/13/1994
21		26		4. FEI Number 58-1811414	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		20. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	7. This corporation has liability for intangible tax under s. 199.033, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC. SUITE 420 FIRST FLORIDA BANK BUILDING TALLAHASSEE FL 32301				81. Name	The Prentice-Hall Corporation System, Inc.		
				82. Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street		
				83.	Suite 105		
				84. City	Tallahassee	85. Zip Code	FL 32301

11. 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: *Charles A. Coyle* **Charles A. Coyle, Assistant Secretary** 5/25/95
Signature of Secretary (printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, WILLIAM M.	12 NAME	
STREET ADDRESS	ONE CNN CNTR	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	
TITLE	VID	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, WAYNE H.	22 NAME	
STREET ADDRESS	ONE CNN CNTR	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORN, STEVEN W.	32 NAME	
STREET ADDRESS	ONE CNN CNTR	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, R.E.	42 NAME	
STREET ADDRESS	ONE CNN CNTR	43 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	
TITLE	VP	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHUE, ROBERT	52 NAME	SHARON SIDELLO
STREET ADDRESS	100 TECHWOOD DR.	53 STREET ADDRESS	ONE CNN CENTER
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	ATLANTA, GA 30303
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, JAMES	62 NAME	
STREET ADDRESS	421 BRIARBEND DRIVE	63 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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 in an attachment with an address.

SIGNATURE: *Sharon Sidello* **Sharon Sidello** 6/9/95 (404) 827-1561
Signature and Title of Authorized Representative of Director or Director (Date) (Printed Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 14 1995

DOCUMENT # **P24163** (8)

1. Corporation Name
THE CINCINNATI INDEMNITY COMPANY

Principal Place of Business: **6200 SOUTH GILMORE ROAD, FAIRFIELD OH 45014-5141, US**
Mailing Address: **P.O. BOX 145496, CINCINNATI OH 45250-5496, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1989		3a. Date of Last Report 04/27/1994	
2. Principal Place of Business		4. FEI Number 31-1241230	
21. Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under S. 199 (13)? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country			
26. Zip			
27. Country			
28. Zip			
29. Country			
30. Zip			

g. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent			
B1 Name				B5 Zip Code			
B2 Street Address (P.O. Box Number is Not Acceptable)				FL			
B3							
B4 City							

11. 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: _____ (NOTE: Registered Agent signature required when registering) (B1)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNS, BOB R.	1.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD OH	1.4 CITY, ST, ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, GREGORY	2.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD OH	2.4 CITY, ST, ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFF, JOHN J., JR.	3.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD OH	3.4 CITY, ST, ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDBOLD, RICHARD L.	4.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD OH	4.4 CITY, ST, ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELCHYNSKI, THEODORE F.	5.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	5.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD OH	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Theodore F. Elchynski Theodore F. Elchynski June 14, 1995 (5130 870-200)