

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23502 (8)
 1. Corporation Name
RENAISSANCE CRUISES, INC.

Principal Place of Business 1800 Eller Drive Suite 300 Fort Lauderdale, FL	Mailing Address 1800 Eller Drive Suite 300 Fort Lauderdale, FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/21/1989

4. FEI Number **65-0111674** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent
**COPROLITE CORPORATION
 1400 AMERFIRST BLDG.
 MIAMI, FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33131
83 ONE SOUTHEAST THIRD AVENUE, SUITE 1400	
84 City	
MIAMI	

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 office acceptable (NOTE: If a signed Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RUDNER, EDWARD B.	
STREET ADDRESS	1800 Eller Drive, #300	
CITY-ST-ZIP	Ft. Lauderdale, FL	<input type="checkbox"/> DELETE
TITLE	TV	<input type="checkbox"/> DELETE
NAME	DEL RIO, FRANK	
STREET ADDRESS	1800 ELLER DRIVE, #300	
CITY-ST-ZIP	FT LAUDERDALE, FL	<input type="checkbox"/> DELETE
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLASS, STEPHEN	
STREET ADDRESS	1 SE 3rd AVE, STE 1400	
CITY-ST-ZIP	MIAMI, FL	<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIRBY, RICHARD L.	
STREET ADDRESS	1800 ELLER DRIVE, #300	
CITY-ST-ZIP	FT LAUDERDALE, FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VSD
23 STREET ADDRESS	DEL RIO, FRANK
24 CITY-ST-ZIP	1800 ELLER DRIVE, #300
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ASSISTANT SECRETARY
33 STREET ADDRESS	BLASS, STEPHEN
34 CITY-ST-ZIP	1 SE 3rd AVE, STE 1400
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PD
43 STREET ADDRESS	KIRBY, RICHARD L.
44 CITY-ST-ZIP	1800 ELLER DRIVE, #300
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	T
53 STREET ADDRESS	ROBERT E. PICKUP, JR.
54 CITY-ST-ZIP	1800 ELLER DRIVE, #300
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	310002430428
63 STREET ADDRESS	-04/16/98-01015-030
64 CITY-ST-ZIP	***61.25

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Stephen A. Blass**, 4/13/98 (305)377-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Docket Plate #

CR2E034 (10/97)