

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

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000013608 (3)

1. Corporation Name

AMBASSADOR CRUISE LINES, INC.

Principal Place of Business

Mailing Address

1201-1203 S 21 AVE
HOLLYWOOD FL 33020

1201-1203 S 21 AVE
HOLLYWOOD FL 33020

**700001478417
-05/08/95--01028--013**

******200.00 ****200.00
DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

10/04/1994

4. FPI Number

65-0390924

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 has liability for intangible tax under S 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 **1801 So. OCEAN DRIVE**

2a. Mailing Address

25 **1801 So. OCEAN DRIVE**

Suite, Apt. #, etc

22 **SUITE I**

Suite, Apt. #, etc

27 **SUITE I**

City & State

23 **HALLANDALE, FL**

City & State

28 **HALLANDALE, FL**

Zip

24 **33009**

Country

25 **USA**

Zip

29 **33009**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**GEIGER, ROBERT S
1428 BRICKELL AVE.
#600
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

(Signature of person in printed name of registered agent and the filer only)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SIMON, ZINA
STREET ADDRESS	536 NE 199TH TERRACE
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179
TITLE	PCVS
NAME	SIMON, PHILIP E
STREET ADDRESS	536 NE 199TH TERRACE
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179
TITLE	T
NAME	SIMON, PHILIP E
STREET ADDRESS	536 NE 199TH TERRACE
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 897, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Philip E. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

(Signature)

4/24/95 205-454-8900