

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000013608 (3)
 1. Corporation Name
AMBASSADOR CRUISE LINES, INC.



Principal Place of Business: **1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**
 Mailing Address: **1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **02/23/1993**
 4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: **21 1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**
 2a. Mailing Address: **26 1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**
 2b. Mailing Address: **26 295 E. Hallandale Beach Blvd. Suite 1 Hallandale, FL 33009**
 24 Zip: **33009** 25 Country: **FL** 29 Country: **FL** 30 Country: **FL**
 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: GEIGER, ROBERT S 82 Street Address (P.O. Box Number is Not Acceptable): 1428 BRICKELL AVE. #600 83 City: MIAMI 84 State: FL 85 Zip Code: 33131**

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 reinstating.)

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	SIMON, ZINA	1.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY - ST - ZIP	
TITLE	PDVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	2.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	3.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 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: *Philip E. Simon, Pres* **Philip E. Simon, Pres** *954/454-6000*

CR2E034 (10/97)