

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047509 (2)

1. Corporation Name
FLORIDA CASINO CRUISES, INC.



Principal Place of Business: 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131
Mailing Address: 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0502848
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
21 336 E. DANIA BEACH BLVD
22 State, Apt. #, etc.
23 Dania FL
24 33004
25 Country
2a. Mailing Address
26 336 E. DANIA BEACH BLVD.
27 State, Apt. #, etc.
28 Dania FL
29 33004
30 Country

9. Name and Address of Current Registered Agent
KOLK, GLENN G
520 BRICKELL KEY DRIVE, #1606
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
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MANLEY, KANT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 BRICKELL KEY DRIVE, #1606	1.2 NAME	
STREET ADDRESS	MIAMI FL 33131	1.3 STREET ADDRESS	2077 Pine Ridge Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	VD LYKINS, CHARLES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 BRICKELL KEY DRIVE, #1606	2.2 NAME	
STREET ADDRESS	MIAMI FL 33131	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MAHAFFEY, CHARLES B	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 BRICKELL KEY DRIVE, #1606	3.2 NAME	
STREET ADDRESS	MIAMI FL 33131	3.3 STREET ADDRESS	336 E. Dania Beach Boulevard
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dania, FL 33004
TITLE	AVAS KOLK, GLENN G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 BRICKELL KEY DRIVE, #1606	4.2 NAME	
STREET ADDRESS	MIAMI FL 33131	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director/Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Craig Geockle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2077 Pine Ridge Road
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)(k), 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: *Glenn G. Kolk*

 NAME OF SIGNING OFFICER OR DIRECTOR: GLENN G. KOLK
 DATE: April 22, 1996
 TELEPHONE: 305 374-5200

CR2E034 (12/95)