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APPROVED AND FILED

95 APR 26 AM 7:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000051927 (9)

1. Corporation Name
ALL SEAS CRUISES & TRAVEL INC.

Principal Place of Business Mailing Address

**12730 NEW BRITANNY BLVD.
SUITE 424
FT. MYERS FL 33907**

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SUITE 424
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

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3. Date Incorporated or Qualified 3a. Date of Last Report

07/11/1994

4. FEI Number Applied For

65-0500823 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

7. This corporation has liability for intangible tax under S. 199.039, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SMITH-DOLLMAN, SUZANNE
12730 NEW BRITANNY BLVD.
SUITE 424
FT. MYERS FL 33907**

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 607.0599 and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0501, Florida Statutes.

SIGNATURE: *Suzanne Smith-Dollman* **SUZANNE SMITH-DOLLMAN** **4/18/95**

Signature, typed or printed name of registered agent on line if applicable NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUZANNE SMITH-DOLLMAN
1.3 STREET ADDRESS	12931 PARKLINE DRIVE
1.4 CITY - ST - ZIP	FT. MYERS, FL 33913
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL DOLLMAN
2.3 STREET ADDRESS	12931 PARKLINE DRIVE
2.4 CITY - ST - ZIP	FT. MYERS, FL 33913
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)(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 person in charge thereof; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment, when appropriate.

SIGNATURE: *Suzanne Smith-Dollman* **SUZANNE SMITH-DOLLMAN** **4/18/95** **319 276-1205**

Signature, typed or printed name of business officer or director Date Daytime Phone #