

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051927 (9)**

1. Corporation Name

ALL SEAS CRUISES & TRAVEL INC.



Principal Place of Business

12730 NEW BRITTANY BLVD.
SUITE 424
FT. MYERS FL 33907

Mailing Address

12730 NEW BRITTANY BLVD.
SUITE 424
FT. MYERS FL 33907

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
04/24/1995

4. FEI Number
65-0500823

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. 190.032, Florida Statutes. Yes No

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 607.09(2) and 607.1506, 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 Sections 607.10(9), Florida Statutes.

SIGNATURE

12. SIGNATURE OF OFFICERS AND OTHER OFFICERS

13. SIGNATURE OF ADDITIONAL REGISTERED AGENTS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. SIGNATURE OF OFFICERS AND OTHER OFFICERS

1. TITLE DELETE
NAME: **SMITH-DOLLMAN, SUZANNE**
STREET ADDRESS: **12931 PARKLINE DRIVE**
CITY, ST, ZIP: **FT MYERS FL**
TITLE: **V** DELETE
NAME: **DOLLMAN, PAUL**
STREET ADDRESS: **12931 PARKLINE DRIVE**
CITY, ST, ZIP: **FT MYERS FL**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY, ST, ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY, ST, ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY, ST, ZIP: DELETE
TITLE: DELETE

13. SIGNATURE OF ADDITIONAL REGISTERED AGENTS

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP Change Addition
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP Change Addition
11. NAME
12. STREET ADDRESS
13. CITY, ST, ZIP Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP Change Addition
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP Change Addition
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP Change Addition

100001723161
-02/23/96--01075--004
*****200.00**

Suzanne

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 included 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 registered agent of the corporation, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change) or on an additional signature with an affidavit.

SIGNATURE:

Suzanne Smith-Dollman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (941) 275-1208

CR2E034 (12/95)