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

Mailing Address
9900 STIRLING ROAD

COOPER CITY FL 33024-8065

SUITE 224

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

9900 STIRLING ROAD SUITE 224

COOPER CITY FL 33024



FLORIDA DEPARTMENT OF STATE

APPROYED

AND

97 JAN 30 AM 9: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0133197

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091573 (2)

GORDON GROUP CRUISES, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite Apr. # eb Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Strito 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Cougir Country Z(p)This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORDON, JEFFREY 9900 STIRLING ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 224** 83 COOPER CITY FL 33024 85 Zip Code 84 City 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. Lam familiar with any accept the objections of Section 607,0505. Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (96/6) Change Addition PTD DELETE Hitt 13 TITLE GORDON, JEFFREY 1.2 NAME CR2E034 NAV-SUITE ZZZ 9900 STIRLING ROAD, SUITE 224 1.3 STREET ADDRESS STREET ADDITIESS COOPER CITY FL 33024 1.4 CITY-ST-ZIP CITY - ST- ZIF Change Addition VSD DELETE 21 TITLE THLE GORDON, KAREN D 2.2 NAME MAME SUITE 222 9900 STIRLING ROAD, SUITE 224 2.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33024 2.4 CITY-ST-ZIP QTY-S1-ZiP DELETE Change Addition 3.1 TITLE THUE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS ISTREET ACORESS CHY-ST ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition 5.1 THLE TITLE NAMI **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-7F 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 on an attachment with an address SIGNATURE: