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

Mailing Address 9900 STIRLING ROAD

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000091573**1. Corporation Name

Principal Place of Business

DOOD STIPLING POAD

**SIGNATURE** 

GORDON GROUP CRUISES, INC.

SUITE 242	SUITE 242	ITV EL 22024		DO NOT WRI	TE IN THIS	S SPACE		
US	COOPER CITY FL 33024 COOPER CITY FL 33024 US US				3. Date Incorporated or Qualifed			
US		00			01/01/1996		<u>:</u>	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		26			65-0625213		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	<b>\$8.75</b> A Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	-
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		· -	10. Name and Address of New	Registered	d Agent	<del></del>
			8	Name				
GORDON, JEFFREY			Ω.	82 Street Address (P.O. Box Number is Not Acceptable)				
	STIRLING ROAD		Street Addre		uress (i .O. Dox radinosi is raot Accept	u,		
SUITE 224			8:	3		.,-		٠,
C00	PER CITY FL 33024		84	City			85 Zip C	ode.
				' '		F	ᄂᆝᆝᆝ	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	e-named co	rporation submits this statement for the	purpose o	of changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the poligation	Florida. Such change was aut ops of Section 607-0505. Flo <del>ri</del> c	horized by ta Statute	/ the corpora	ition's board of directors. I hereby acce	pt the appo	biniment as rec	Jistered
	Mill Amon	JEFFEYE	RDH	<u>_</u>		1961	199	
SIGNATURE	Soldand, typed printed name of registered agent a	nd title if applicable (NOTE: R	edistered Ag	ent signature requ	eired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GORDON, JEFFREY		1.2 NAME				•	
STREET ADDRESS	9900 STIRLING ROAD, SUITE 24	2	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL	-	1,4 CITY-	ST-ZIP				
TITLE	VSD	☐ DELETE	2,1 TITLE				☐ Change	Addition
NAME	GORDON, KAREN D		2.2 NAME					
	9900 STIRLING ROAD, SUITE 24	9		ET ADDRESS				
STREET ADDRESS	COOPER CITY FL	L	2.4 CITY-					
CITY-ST-ZIP	COOPER CITTLE	☐ DELETE	3.1 TITLE	31-ZIP			Change	Addition
TITLE	i	C occess	3.2 NAME				_ v	_
NAME				ET ADDRESS				
STREET ADDRESS				-				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-				Change	Addition
TITLE			4.1 TITLE 4.2 NAM				criorigo	L.J. 100111011
NAME	i		1					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-			_	☐ Change	Addition
TITLE		I" DETE IE	5.1 TITLE 5.2 NAME	I .			LJ Ondrigo	
NAME				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE				[] Change	Addition
TITLE		DELETE					Change	☐ ₩dd@Qll
NAME			, 6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS				

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, with all other like empowered.

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90057 003 \*\*\*158.75