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

CITY-ST-ZIP

FILED PROFIT Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPÓRATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V51490 (3)CRUISE ONE, INC. Principal Place of Business Mailing Address 10 FAIRWAY DR 200 10 FAIRWAY DR 200 DO NOT WRITE IN THIS SPACE **DEERFIELD BCH FL 33441** DEERFIELD BCH FL 33441 3. Date Incorporated or Qualified 07/16/1992 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 65-0349146 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zφ 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **LUNA, CHARLOTTE** 9571 LAKE SERENA DR. Street Address (P.O. Box Number is Not Acceptable) #23D 83 **BOCA RATON FL 33496** 84 City 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE TITLE PD 1.1 TITLE NAME PERSICO, ANTHONY J 1.2 NAME STREET ADDRESS 10 FAIRWAY DR 200 1.3 STREET ADDRESS DEERFIELD BCH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Prosident TITLE 21 TITLE Change Addition NAME LUNA, CHARLOTTE 2.2 NAME STREET ADDRESS 9571 LAKE SERENA DR 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change NAME 3.2 NAME STREET ANDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELFTE 51 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this fiting 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 of the corporation of the corporation of the corporation with an address.

Block 12 or Block 13 if changed, a forter attachment with an address.