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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90180 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V51490**

1. Corporation Name:
CRUISE ONE, INC.



Principal Place of Business: 10 FAIRWAY DR 200 #200 DEERFIELD BCH FL 33441 US
 Mailing Address: 10 FAIRWAY DR 200 #200 DEERFIELD BCH FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/16/1992**
 4. FEI Number: **65-0349146** 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUNA, CHARLOTTE
 9571 LAKE SERENA DR.
 #23D
 BOCA RATON FL 33496

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO	<input type="checkbox"/> DELETE	1.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PERSICO, ANTHONY J		1.2 NAME: VIVIAN EWART	
STREET ADDRESS: 10 FAIRWAY DR 200		1.3 STREET ADDRESS: 910 AMHERST AVENUE	
CITY-ST-ZIP: DEERFIELD BCH FL		1.4 CITY-ST-ZIP: DAVIE - FL - 33325	
TITLE: P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUNA, CHARLOTTE		2.2 NAME: PERSICO, ANTHONY J	
STREET ADDRESS: 9571 LAKE SERENA DR		2.3 STREET ADDRESS: 755 NORTH OCEAN BLVD	
CITY-ST-ZIP: BOCA RATON FL		2.4 CITY-ST-ZIP: DELRAY BEACH - FL - 33483	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (11/98)