

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702819 (4)

1. Corporation Name
NAPLES CRUISE CLUB, INC.

Principal Place of Business P. O. BOX 2971 NAPLES FL 33940	Mailing Address P. O. BOX 2971 NAPLES FL 34106-2971
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 06/23/1961	3a. Date of Last Report 01/24/1996
4. FEI Number 23-7390082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NICHOLS, JAMES W
108 CHAMONIX CT
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700002199727**
-06/03/97-01044-032
84 City *****61.25** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	BRANCH, STUART E.	1.2 NAME	Bartholomew, Rudolph D.
STREET ADDRESS	2428 CAMDEN CT.	1.3 STREET ADDRESS	171 3rd Ave. South
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	Naples, Fl. 34102
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	BARTHOLOMEW, RUDOLPH D	2.2 NAME	Walker, Robert C.
STREET ADDRESS	171 3RD AVE. S.	2.3 STREET ADDRESS	1100 8th Ave South #228H
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	Naples, Fl. 34102
TITLE	RCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	RCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	WALKER, ROBERT	3.2 NAME	Finnegan, John J.
STREET ADDRESS	1100 8TH AVE. S.	3.3 STREET ADDRESS	1900 Gulf Shore Blvd. N #603
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	Naples, Fl. 34102
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	NICHOLS, JAMES W.	4.2 NAME	Nichols, James W.
STREET ADDRESS	108 CHAMONIX COURT	4.3 STREET ADDRESS	108 Chamonix Court
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	Naples, Fl. 34112
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	FINNEGAN, ELIZABETH A	5.2 NAME	Finnegan, Elizabeth A.
STREET ADDRESS	1900 GULF SHORE BLVD. N. #603	5.3 STREET ADDRESS	1900 Gulf Shore Blvd. N #603
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	Naples, Fl. 34102
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	WILLIAMS, VARIAN	6.2 NAME	Branch, Stuart E.
STREET ADDRESS	1400 BLUEPOINT AVE. #102	6.3 STREET ADDRESS	2428 Camlen Court
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	Naples, Fl. 34105

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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James W. Nichols* DATE *5/15/97*



EW
5-20-97