FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734630 (7)

1. Corporation Name
SEVEN SEAS CRUISING ASSOCIATION, INC.

Principal Place of Business / Mailing Address
1525 SOUTH ANDREWS AVENUE SUITE 217
FORT LAUDERDALE, FLORIDA 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1975
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1669131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LAZAN, DAVID M
LAZAN, TRUTE & ROBBINS
1090 KANE CONCOURSE STE. 202
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME BILL MORGAN STREET ADDRESS 1525 S ANDREWS #217 CITY-ST-ZIP FORT LAUDERDALE FL 33316	11 TITLE ☐ Change ☐ Addition 12 NAME Jim Elston - Vice President 13 STREET ADDRESS 2643 Flamingo Lane 14 CITY-ST-ZIP Fort Lauderdale, FL 33312
TITLE VP NAME BILL OWRA STREET ADDRESS 1525 S ANDREWS AVE #217 CITY-ST-ZIP FORT LAUDERDALE FL 33316	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE T NAME JENDRA, ROBERT STREET ADDRESS 1000 N. STATE ST. UNIT ONE CITY-ST-ZIP CHICAGO IL 60610-2862	31 TITLE ☐ Change ☐ Addition 32 NAME 900001521295 33 STREET ADDRESS -06/23/95--01007--002 34 CITY-ST-ZIP ****155.00 ****155.00
TITLE S NAME JACK LANCASTER STREET ADDRESS 1525 S ANDREWS #217 CITY-ST-ZIP FORT LAUDERDALE FL 33316	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 6/21/95 MS 44 CITY-ST-ZIP
TITLE D NAME PETE RIMMEL STREET ADDRES 1525 S ANDREWS AVE #217 CITY-ST-ZIP FORT LAUDERDALE FL 33316	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE D NAME KLARMAN, WALLY STREET ADDRESS 39 DOLPHIN DR. CITY-ST-ZIP ST. AUGUSTINE FL 32084	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Treasurer 5/00/95 305 463 2431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008482