

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734630** (7)

1. Corporation Name
SEVEN SEAS CRUISING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1525 SOUTH ANDREWS AVENUE
SUITE 217
FT LAUDERDALE FL 33316**

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SUITE 217
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified
12/18/1975

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

21 **1525 South Andrews Ave.**

Suite, Apt. #, etc.

22 **Suite 217**

City & State

23 **Fort Lauderdale, Florida**

Zip

24 **33316**

Country

USA

2a. Mailing Address

26 **1525 South Andrews Ave.**

Suite, Apt. #, etc.

27 **Suite 217**

City & State

28 **Fort Lauderdale, Florida**

Zip

29 **33-16**

Country

USA

4. FEI Number

59-1669131

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **MORGAN, BILL**
STREET ADDRESS **1525 S. ANDREWS #217**
CITY- ST- ZIP **FT. LAUDERDALE FL 33316**

1.1 TITLE **Bill Owra - President** ☒ Change ☐ Addition
1.2 NAME **2520 NW 16th Lane**
1.3 STREET ADDRESS **Pompano Beach, Florida 33064**
1.4 CITY- ST- ZIP

TITLE **VD** ☒ DELETE
NAME **OWRA, BILL**
STREET ADDRESS **1525 S. ANDREWS #217**
CITY- ST- ZIP **FT. LAUDERDALE FL 33316**

2.1 TITLE **James Elston - Vice Pres.** ☐ Change ☒ Addition
2.2 NAME **2643 Flamingo Lane**
2.3 STREET ADDRESS **Fort Lauderdale, Florida 33312**
2.4 CITY- ST- ZIP

TITLE **T** ☒ DELETE
NAME **JENDRA, ROBERT**
STREET ADDRESS **1000 N. STATE ST. UNIT ONE**
CITY- ST- ZIP **CHICAGO IL 60610-2862**

3.1 TITLE **Jody Snyder - Secretary** ☐ Change ☒ Addition
3.2 NAME **1506 SE 12th Court**
3.3 STREET ADDRESS **Fort Lauderdale, Florida 33316**
3.4 CITY- ST- ZIP

TITLE **S** ☒ DELETE
NAME **LANCASTER, JACK**
STREET ADDRESS **1525 S. ANDREWS #217**
CITY- ST- ZIP **FORT LAUDERDALE FL 33316**

4.1 TITLE **C. Howard Stevens - Treasurer** ☐ Change ☒ Addition
4.2 NAME **116 Jefferson Street**
4.3 STREET ADDRESS **Beaufort, North Carolina 28516**
4.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **RIMMEL, PETE**
STREET ADDRESS **1525 S. ANDREWS AVE. #217**
CITY- ST- ZIP **FT. LAUDERDALE FL 33316**

5.1 TITLE **Peter Rimmel** ☒ Change ☐ Addition
5.2 NAME **3710 NW 94th Avenue**
5.3 STREET ADDRESS **Hollywood, Florida 33024**
5.4 CITY- ST- ZIP

TITLE **D** ☒ DELETE
NAME **KLARMAN, WALLY**
STREET ADDRESS **39 DOLPHIN DR.**
CITY- ST- ZIP **ST. AUGUSTINE FL 32084**

6.1 TITLE **Gary Powers** ☐ Change ☒ Addition
6.2 NAME **Post Office Box 965**
6.3 STREET ADDRESS **Seabrook, Texas 77856**
6.4 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: Diana Sikora **Diana Sikora, Executive Director 1/16/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-463-2431

Daytime Phone #

CR2E037 (12/95)