**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

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

**FILED**
**Feb 24, 1999 8:00 am**
**Secretary of State**
02-24-1999 90191 001 ****61.25

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DOCUMENT # 734630

1. Corporation Name

SEVEN SEAS CRUISING ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1525 SOUTH ANDREWS AVENUE<br>SUITE 217<br>FT LAUDERDALE FL 33316 | 1525 SOUTH ANDREWS AVENUE<br>SUITE 217<br>FT LAUDERDALE FL 33316 |

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

3. Date Incorporated or Qualifed: 12/18/1975

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

9. Name and Address of Current Registered Agent

AMESBURY, DON
615 7TH AVE
1090 KANE CONCOURSE STE. 202
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: AMESBURY DON
82 Street Address (P.O. Box Number is Not Acceptable): 615 SW 7 AVE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33315

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 _____ Don Amesbury. 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 | ☐ DELETE | 1.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | POWERS, GARY | | 1.2 NAME | BOSLEY, DON | |
| STREET ADDRESS | PO BOX 1036 | | 1.3 STREET ADDRESS | 410 MEADOWLARK LANE | |
| CITY-ST-ZIP | KEMAH TX 77565 | | 1.4 CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | FREMONT, ANN | | 2.2 NAME | FREMONT, ANN | |
| STREET ADDRESS | PO BOX 350063 | | 2.3 STREET ADDRESS | PO BOX 350063 | |
| CITY-ST-ZIP | MIAMI FL 33135 | | 2.4 CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | RD | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | AUSTIN, BOB | | 3.2 NAME | KAHN, JEERY | |
| STREET ADDRESS | 702 LAKEWOOD ROAD | | 3.3 STREET ADDRESS | 3355 VIA LIDO # 250 | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 3.4 CITY-ST-ZIP | NEWPORT BEACH CA 92663 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | STEVENS, C. HOWARD | | 4.2 NAME | AMESBURY, DON | |
| STREET ADDRESS | 204 MARSH STREET | | 4.3 STREET ADDRESS | 615 SW 7 AVENUE | |
| CITY-ST-ZIP | BEAUFORT NC 28516 | | 4.4 CITY-ST-ZIP | FT LAUDERDALE FL 33315 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | WILLIAMSON, BILL | | 5.2 NAME | STEVENS, HOWARD C | |
| STREET ADDRESS | 2600 CASTILLA ISLE | | 5.3 STREET ADDRESS | 2639 WADE DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | | 5.4 CITY-ST-ZIP | MINDEN NV 89423 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AMESBURY, DON | | 6.2 NAME | | |
| STREET ADDRESS | 615 7TH AVEN | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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 617, 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.

954-763-6031.

**SIGNATURE:** SIGNATURE REQUIRED _____ Date 2-15-99 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR