

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey H. Mouton
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # 768763

(5)

CENTRAL FLORIDA CRUISE CLUB INC.

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1983	3a. Date of Last Report 04/07/1994
4. FEI Number NOT APPLICABLE	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
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	

1. Principal Place of Business 4005 N ORANGE BLOSSOM TRAIL ORLANDO FL US		2a. Mailing Address PO BOX 5002 WINTER PARK FL 32793-5002 US	
21. Principal Place of Business 21	2a. Mailing Address 26 PO Box 1662	22. Suite, Apt. # etc. 22	27. Suite, Apt. # etc. 27
23. City & State 23	28. City & State 28 LAKE MARY, FL	24. Zip 24 32745	29. Zip 29 32745
25. Country 25		30. Country 30 SUMMIT	

9. Name and Address of Current Registered Agent THRAILKILL, WAYNE 6506 CAY CIRCLE ORLANDO FL 32809		81. Name 81	82. (Street Address; P.O. Box Number is Not Acceptable) 82	83. 83	84. City 84	85. Zip Code 85 FL
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10. Name and Address of New Registered Agent 81		82. (Street Address; P.O. Box Number is Not Acceptable) 82	83. 83	84. City 84	85. Zip Code 85 FL
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11. Pursuant to the provisions of Sections 617.0502 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE PP	NAME FILLIPONE, RAYMOND	11 TITLE PP	NAME WAYNE THRAILKILL
STREET ADDRESS 2418 RAVENDALE CT	CITY, ST, ZIP KISSIMMEE FL	12 NAME WAYNE THRAILKILL	13 STREET ADDRESS 6506 CAY CIRCLE
TITLE VP	NAME SHROUDER, ARMAND	14 CITY, ST, ZIP ORLANDO, FL 32809	15 TITLE VP
STREET ADDRESS 1717 OAK BREEZE AVE	CITY, ST, ZIP KISSIMMEE FL	16 NAME STEVEN WHITMOR	17 STREET ADDRESS 655 ADRIANA PARK CIR.
TITLE SD	NAME SHROUDER, GLORIA	18 CITY, ST, ZIP KISSIMMEE, FL 34744	19 TITLE SD
STREET ADDRESS 1717 OAK BREEZE AVE.	CITY, ST, ZIP KISSIMMEE FL	20 NAME CHERYL BECKER	21 STREET ADDRESS 139 E. ALMA ST
TITLE T	NAME LAW, MARTY	22 CITY, ST, ZIP LAKE MARY, FL 32746	23 TITLE T
STREET ADDRESS 2356 COLDSTREAM DR	CITY, ST, ZIP WINTER PARK FL 32792	24 NAME JEFF FIDALD	25 STREET ADDRESS 3773 RAMBLING PINE CT
TITLE CD	NAME PAT COSTELLO/ERNIE MARTINEZ	26 CITY, ST, ZIP ORLANDO, FL 32808	27 TITLE CD
STREET ADDRESS 438 WEKIVA RAPIDS DR.	CITY, ST, ZIP ALTAMONTE SPRINGS FL 32714	28 NAME HANS ARNIMAN/RICHARD ZIMMER	29 STREET ADDRESS 6402 ORANGEHUR DR
TITLE SD	NAME BECKER, CHERYL	30 CITY, ST, ZIP ORLANDO, FL 32822	31 TITLE SD
STREET ADDRESS 139 E. ALMA AVE.	CITY, ST, ZIP LAKE MARY FL	32 NAME JANICE MORRITT	33 STREET ADDRESS 815 S. OSWALD AVE
		34 CITY, ST, ZIP ORLANDO, FL 32801	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(h)(4), Florida Statutes. I further certify that the information contained 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 my address.

SIGNATURE: Wayne Thraikill - WAYNE THRAILKILL - PRES 3/26/95 407834-DTH