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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 19 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858145
1. Corporation Name

PREMIER CRUISE LINES, LTD., INC.

Principal Place of Business

Mailing Address

400 Challenger Road
Cape Canaveral, FL 32920

400 Challenger Road
Cape Canaveral, FL 32920

3. Date Incorporated or Qualified
10/17/83

3a. Date of Last Report
5/1/96

2. Principal Place of Business c/o AGE

2a. Mailing Address c/o AGE

21 201 S. Biscayne Blvd.

26 201 S. Biscayne Blvd.

22 Suite, Apt. #, etc.
1500 Miami Center

27 Suite, Apt. #, etc.
1500 Miami Center

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip 33131

Country

29 Zip 33131

Country

4. FEI Number

59-2315907

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

Gergory A. Popp
101 George King Blvd., Suite 4
Cape Canaveral, FL 32920

10. Name and Address of New Registered Agent

81 Name Corporation Company of Miami

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

201 S. Biscayne Blvd.
1500 Miami Center

84 City

Miami

FL

85 Zip Code 33131

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 By: Jill B. Zammas Jill B. Zammas, Asst. Secretary

Signature printed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME Noble, Jim

STREET ADDRESS 400 Challenger Road

CITY-ST-ZIP Cape Canaveral, FL

TITLE S ☒ DELETE

NAME Emerson, Frederick G.

STREET ADDRESS Dial Tower, #2249

CITY-ST-ZIP Phoenix, AZ

TITLE T ☒ DELETE

NAME Nelson, Ronald G.

STREET ADDRESS Dial Tower, #2249

CITY-ST-ZIP Phoenix, AZ

TITLE AS ☒ DELETE

NAME Litherland, J.M.

STREET ADDRESS Dial Tower, #2249

CITY-ST-ZIP Phoenix, AS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☐ Change ☒ Addition

1.2 NAME Stensby, Kristian

1.3 STREET ADDRESS 901 S. America Way

1.4 CITY-ST-ZIP Miami, FL 33132

2.1 TITLE D/VC/S ☐ Change ☒ Addition

2.2 NAME Wright, Blandin J.

2.3 STREET ADDRESS 901 S. America Way

2.4 CITY-ST-ZIP Miami, FL 33132

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME Magnan, Larry

3.3 STREET ADDRESS 901 S. America Way

3.4 CITY-ST-ZIP Miami, FL 33132

4.1 TITLE T/AS ☐ Change ☒ Addition

4.2 NAME Gruner-Hegge, Einar

4.3 STREET ADDRESS 901 S. America Way

4.4 CITY-ST-ZIP Miami, FL 33132

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes or on an attachment with an address.

SIGNATURE Larry Magnan Larry Magnan, President