


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90004 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F61115

1. Corporation Name  
INTERNATIONAL CRUISESHIP ADVISORY INC.

Principal Place of Business ROUTE 123 FIRE ROAD 728 P.O. BOX 100 HARPSWELL ME 04679 US	Mailing Address <del>ROUTE 123 FIRE ROAD 728</del> P.O. BOX 100 HARPSWELL ME 04079 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1982

4. FEI Number

59-2152109

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 Rte 123 Fire Rd 728  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 100  
Suite, Apt. #, etc.

22 City & State  
23 Harpswell ME  
Zip Country  
24 04079 25 US

27 City & State  
28 Harpswell ME  
Zip Country  
29 04079 30 US

9. Name and Address of Current Registered Agent

CRISONINO, RICHARD A., ESQ.  
2534 SW 6TH ST  
MIAMI FL 33135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEBER, O JOHN	
STREET ADDRESS	RT 123 F.R.#728	
CITY-ST-ZIP	S HARPSWELL ME	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	WEBER, DOROTHY S.	
STREET ADDRESS	RT 123 F.R.#728	
CITY-ST-ZIP	S HARPSWELL ME	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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.

SIGNATURE: Dorothy S Weber DATE: 1/14/99 (207) 833-6762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0564208

1-504-2028

CR2E034 (11/98)