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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000870 (7)

1. Corporation Name
CRUISING WORLD PUBLICATIONS, INC.



Principal Place of Business

5 JOHN CLARKE RD
NEWPORT RH 02840-5841
US

Mailing Address

C/O 229 WEST 43RD ST.
LEGAL DEPT.
NEW YORK NY 0036
US

3. Date Incorporated or Qualified 12/23/1992 12/23/92 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O 229 W 43rd ST

22 City & State

27 LEGAL DEPT.

23 Zip

Country

28 NEW YORK, NY

24

25

29

10036

30 US

4. FEI Number 05-0408776 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

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	CPD	<input type="checkbox"/> DELETE
NAME	FITZGERALD, JAMES W	
STREET ADDRESS	5520 PARK AVENUE	
CITY - ST - ZIP	TRUMBULL CT 06811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARROW, KATHARINE P	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CORWIN, LAURA J	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORHAM, DAVID L	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVITT, KEITH	
STREET ADDRESS	5520 PARK AVENUE	
CITY - ST - ZIP	TRUMBULL CT 06811	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD G.	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	

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 checked="" type="checkbox"/> Addition
4.2 NAME	GORDON MEDENICA
4.3 STREET ADDRESS	229 W 43rd ST
4.4 CITY - ST - ZIP	NEW YORK NY 10036
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 checked="" type="checkbox"/> Addition
6.2 NAME	DIANE P. BAKER
6.3 STREET ADDRESS	229 W 43rd ST
6.4 CITY - ST - ZIP	NEW YORK NY 10036

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED DAVID L. BRAUER 212-556-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0529571

CR2E034 (9/96)

Cruising World Publications, Inc.

Additional Officer:

Assistant Secretary
Rhonda L. Brauer
229 W. 43rd Street
New York, NY 10036