


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000222 (0)**

1. Corporation Name  
**HALLMARK CRUISE SERVICES, INC.**



Principal Place of Business <b>100 S BISCAYNE BLVD 700 MIAMI FL 33131 US</b>	Mailing Address <b>100 S BISCAYNE BLVD 700 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2650 BISCAYNE BLVD.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2650 BISCAYNE BLVD.</b> Suite, Apt. #, etc.
22 City & State <b>23 MIAMI, FL</b> Zip <b>24 33137</b>	27 City & State <b>28 MIAMI, FL</b> Zip <b>29 33137</b>

3. Date Incorporated or Qualified <b>01/20/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0378238</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARRIS, WILLIAM P JR 9300 S DADELAND BLVD., SUITE 308 MIAMI FL 33156</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASER, LEWIS A</b>	1.2 NAME	
STREET ADDRESS	<b>100 S BISCAYNE BLVD., STE 700</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	2.2 NAME	
STREET ADDRESS	<b>HARRIS, WILLIAM P JR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>9300 S. DADELAND BLVD., STE 308</b>	2.4 CITY-ST-ZIP	
	<b>MIAMI FL 33156</b>		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b>	3.2 NAME	
STREET ADDRESS	<b>FRASER, LEWIS A II</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>100 S. BISCAYNE BLVD., STE 700</b>	3.4 CITY-ST-ZIP	
	<b>MIAMI FL 33131</b>		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ DATE **1/26/98** (305) 571-9122

CR2E034 (10/97)