~~FILING FEE AFTER MAY 1 IS $225.00~~

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006062 (3)

1. Corporation Name
CRUISE PROFESSIONALS INTERNATIONAL, INC.

000001479340
-05/09/95--01014--021
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 487
WINDERMERE FL 34786-0407

Mailing Address
P.O. BOX 487
WINDERMERE FL 34786-0407

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report

4. FEI Number: APPLIED FOR 59-32 86 345 ☐ 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 [illegible] for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CUSHING, KERRY B.M.
8975 ~~SAVANNAH~~ PARK
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8975 CHARLESTON PARK
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 required for previous registered agent and the new appointee
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CUSHING, KERRY B.M.
STREET ADDRESS P.O. BOX 487 N/A
CITY ST ZIP WINDERMERE FL 34786-0487

TITLE VSD
NAME CUSHING, SIBEL T
STREET ADDRESS P.O. BOX 487 N/A
CITY ST ZIP WINDERMERE FL 34786-0487

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
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CITY ST ZIP

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NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

$87.50 11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Kerry BM Cushing
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Kerry BM Cushing 21Apr95 407-876-7274
Date Daytime Phone #

0463340 FP