## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

F95000002292 (9)

DOCUMENT # 1. Gorporation Name	F95000002292	(9)

1. Corporation TROP	Name CANA CRUISES INTERNAT	•	')		
Principal Place	of Business	Mailing Address			) HIGHG THAT O TOTAG TIGH HAGI
1341 RUTHE Greenville	RFORD ROAD SC 29609	1341 RUTHERFORD R GREENVILLE SC 2960			
				3. Date Incorporated or Qualified 3a. Date of 05/05/1995	f Last Report
2. Principal Pla 21	nce of Business	2a. Mailing Address 26		4. FEI Number 57-1015617	Applied For Not Applicable
Suite, Apt. #	F, etc.	Suite, Apt #, etc.		* <del></del>	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	T 0. 4	28		Trust Fund Contribution	Added to Fees
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for intangible tax unflorida Statutes Yes No	unders 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ag	ent
CT COD	RPORATION SYSTEM		81 Name		
1200 SC	OUTH PINE ISLAND ROAD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PLANTA	TION FL 33324		83		
			84 City	FL	85 Zip Code
SIGNATURE	n, and assept the obligations of, secti Sporting types of played rank of highest agent	on 607,0505, Florida Statutes and the Happigable (NO	Tt. Registered Agent signature req		
12. Title	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
NAM:	COLLINS, FRED	L] becel	1. 1 TrTLE	DP 🗀 C	Change 🔀 Addition
STREET ADDRESS	1341 RUTHERFORD ROAD		1.2 NAME 1.3 STREET ADDRESS		
Sin St ZiP	GREENVILLE SC 29609		1.4 CITY - ST - ZIP		
TILLE	DP	<b>X</b> DELETE	2 1 TITLE		Change Addition
NAME	PHILLIPS, JOSEPH C		2.2 NAME	_	
SERENT ADDRESS	1341 RUTHERFORD ROAD		2.3 STREET ADDRESS		
City - St - ZiF	GREENVILLE SC 29609		2 4 CITY - ST - ZIP		
HILE	DST SAAD, JERRY T	DELETE	3 1 TITLE		Change
NAME STEELLADORESS	1341 RUTHERFORD ROAD		3 2 NAME		
CHY-SI-ZIP	GREENVILLE SC 29609		3.3 STREET ADDRESS 3.4 CHY+ST-ZIP		
111.f		☐ DELETE	4 1 TITLE		Change
NAME		<del></del>	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY S1-ZIP			4.4 City - St - ZiP		
11"LE		☐ DELETE	5 1 TITLE		Change 🔲 Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY ST ZP		□ DCI CTE	5 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	6 1 TITLE		Change 🔲 Addition
NAME STREET ADDRESS			6.2 NAME		
CIM-SI-ZIF			6 3 STREET ADDRESS		
Contrarizer			6 4 CITY - ST - ZIP		

14. Edo 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)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

864-268-1114

CR2E034 (12/95)