


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90166 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003195

1. Corporation Name
CRUISE CORPORATION LTD.



Principal Place of Business % AGS 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	Mailing Address % AGS 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 CHALLENGER ROAD Suite, Apt. #, etc. 22 City & State 23 Ft. CAVERAL, FL Zip Country 24 32920 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/03/1995	
4. FEI Number APPLIED FOR		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIER, ISAAC	1.2 NAME	Joseph Harch
STREET ADDRESS	901 S. AMERICA WAY	1.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNAN, LARRY	2.2 NAME	James Dondeto
STREET ADDRESS	901 S. AMERICA WAY	2.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENSBY, KRISTIAN	3.2 NAME	William Kovacs
STREET ADDRESS	901 S. AMERICA WAY	3.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920
TITLE	EV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOD, HANS	4.2 NAME	A. Jack Chappell
STREET ADDRESS	901 S. AMERICA WAY	4.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, KENNETH SA	5.2 NAME	Bruce Nierenberg
STREET ADDRESS	901 S. AMERICA WAY	5.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	5.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, SHAUN A	6.2 NAME	Alan Twaits
STREET ADDRESS	901 S. AMERICA WAY	6.3 STREET ADDRESS	400 Challenger Rd.
CITY-ST-ZIP	MIAMI FL 33132	6.4 CITY-ST-ZIP	Ft. CAVERAL, FL 32920

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)