

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005366 (8)**

1. Corporation Name

SEVEN SEAS TRAVEL, INC.



Principal Place of Business

**P.O. BOX 398179
MIAMI BEACH FL 33239**

Mailing Address

**P.O. BOX 398179
MIAMI BEACH FL 33239**

3. Date Incorporated or Qualified
10/31/1995

3a. Date of Last Report

2. Principal Place of Business

420 LINCOLN ROAD

2a. Mailing Address

Suite Apt. #, etc.

Suite 239

Suite Apt. #, etc.

MIAMI BEACH FL

City & State

33139 USA

Zip Country

33139 USA

Zip Country

4. FEI Number
37-1055178

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

**ECKSTEIN, ALAN ESQUIRE
1407 LEON STREET
KEY WEST FL 33040**

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 officer, director, or authorized agent

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCDT** ☐ DELETE
NAME **PORTER, STEPHEN D**
STREET ADDRESS **1000 VENETIAN WAY, NO. 1202**
CITY - ST - ZIP **MIAMI FL 33139**

TITLE **S** ☐ DELETE
NAME **FINLEY, GENEVIEVE**
STREET ADDRESS **220 WILLARD**
CITY - ST - ZIP **BLOOMINGTON IL 61701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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4. CITY - ST - ZIP

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

305-532-0111

CR2E034 (12/95)