

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F95000005571 (3)

1. Corporation Name
**CAPE CANAVERAL
CRUISE LINE, INC.**



Principal Place of Business

751 THIRD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address

751 THIRD AVENUE
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

21 920 Third Avenue

Suite, Apt. #, etc.

22

City & State

23 New Smyrna Beach, FL

Zip

24 32169

Country

25 USA

2a. Mailing Address

26 101 George King Blvd.

Suite, Apt. #, etc.

27 Suite 6

City & State

28 CAPE CANAVERAL, FL

Zip

29 32920

Country

30 USA

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR 59-334568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

COPROLITE CORPORATION
1 S.E. 3RD AVENUE, STE 1400-A
MIAMI FL 33131

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOSMAS, STEVE
STREET ADDRESS 751 THIRD AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SD ☐ DELETE

NAME KOSMAS, PAUL
STREET ADDRESS 751 THIRD AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE TDAS ☐ DELETE

NAME KOSMAS, NICHOLAS
STREET ADDRESS 751 THIRD AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME KOSMAS, STEVE
1.3 STREET ADDRESS 920 Third Ave
1.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME KOSMAS, PAUL
2.3 STREET ADDRESS 920 Third Ave
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

3.1 TITLE TDAS ☒ Change ☐ Addition

3.2 NAME KOSMAS, Nicholas
3.3 STREET ADDRESS 920 Third Ave
3.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

4.1 TITLE M ☐ Change ☒ Addition

4.2 NAME BERNER, BRUCE
4.3 STREET ADDRESS 920 Third Ave
4.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ap-11 30, 1996

Date

407
783-4052

Daytime Phone #

CR2E034 (12/95)