

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005571 (3)**

1. Corporation Name

CAPE CANAVERAL CRUISE LINE, INC.

(174)



Principal Place of Business 920 THIRD AVE NEW SMYRNA BEACH FL 32189 US	Mailing Address 101 GEORGE KING BLVD SUITE 6 CAPE CANAVERAL FL 32920 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1995	
21 Suite, Apt. #, etc.		26 7099 N. ATLANTIC AVE.		4. FEI Number 59-3345693	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 CAPE CANAVERAL, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Jim Kosmas			
				82 Street Address (P.O. Box Number Is Not Acceptable) 111 LIVE OAK STREET			
				83			
				84 City New Smyrna FL 85 Zip Code 32168			

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, 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PO	KOSMAS, STEVE		
920 THIRD AVE		1.3 STREET ADDRESS	
NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	
SD	KOSMAS, PAUL	2.1 TITLE	
920 THIRD AVE		2.2 NAME	
NEW SMYRNA BEACH FL		2.3 STREET ADDRESS	
TDAS	KOSMAS, NICHOLAS	2.4 CITY-ST-ZIP	
920 THIRD AVE		3.1 TITLE	
NEW SMYRNA BEACH FL		3.2 NAME	
M	BURNER, BRUCE	3.3 STREET ADDRESS	
920 THIRD AVE		3.4 CITY-ST-ZIP	
NEW SMYRNA BEACH FL		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  Bruce R. Burner 2/25/98 407 45276

CR2E034 (10/97)