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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000001336 (4)

CRUISES R-4-U, INC.

FILED
May 12 1997 8:00am
Secretary of State

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Principa! Place of Busin	ess	Mailing Ad	Mailing Address				L CARRERO MIND COLME BANK BANK DOLLY BRUK BRUK BRUK JUKON HINN BLIK CODI				
740 POWDERHORN CIR LAKE MARY FL 32746		740 POWDERHORN CIR LAKE MARY FL 32746-5113									
District in the service				-			3. Date Incorporated or Qualified	3a. Da	te of Last i	Report	
2. Principal Place of Bu	usiness	2a. Mailing	Address				03/15/1996 4. FE/Number		T A	Applied For	
21		26					59-335965	5		ot Applicable	
Suite, Apt #, etc	A had been a particular to the first	Suite, A	Apt. #, etc.				5. Certificate of Status Desired		7	Additional Required	
City & State		City & S	State				6. Election Campaign Financing	<u> </u>		O May Be	
23	Country	28 Zip		Countr			Trust Fund Contribution	<u> </u>		to Fees	
Ζφ 24	25	29		30	y		8. This corporation has liability fo Florida Statutes	r intangible i Yes 🚺		s. 199.032,	
	me and Address of Curre	nt Registered A	gent				10. Name and Address of New F	egistered A	gent		
DAVAC IONI				81	N	ame	Davis, John				
DAVIS, JOHN 740 POWDERHORN CIR					1 5	treet Ad	ddress (P.Q. Box Number is Not Acceptable) 740 Powdermorn Carcle				
LAKE MARY		ł			7	40 Powderhorn Circle			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CAIL MAIL	I C OZITO			83	1						
				84	C	ity 🕌	ake Mary	FL	85 -Zip	7 68 de	
44 6		00 1 007 4500	Flacida Casta		1		propration submits this statement for the			-	
SIGNATURE Signature, I	I what name of registered a	gent and tille if applicab		TE Registered Ag			ation's board of directors. I hereby acc	-016- DATE	97		
12.	// OFFICERS AF	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF		Change		
NAME DOPV			[_] DELETE	1.2 NAME		}			Lang Citatingo	CT Vogition	
DAVIO	JOANN			1.3 STREE		pree		i			
740 P	OWDERHORN CIR			1.4 C/TY=		- 1					
7.7.1	MARY FL 32746		DELETE	2.1 TITLE	31-20	·			☐ Change	Addition	
61	, JOANN			22 NAME		}					
	OWDERHORN CIR			2.3 STREE	T ADD	RESS					
	MARY FL 32746			2. 4 CITY -	<u>ST-2</u> 1	IP .					
TITLE			DELETE	3.1 TITLE					☐ Change	- Addition	
NAME				3.2 NAME		ŀ					
STREET ADDRESS				3.3 STREE	TADO	RESS					
CITY-S1-7IP			DELETE	3 4, CITY	ST-2	IP			Change	Addition	
TITLE			T DEFE IE	4.1 FITLE					TT curvide	TT MUDICION	
NAME PRINCE A ADDRESS OF				4. 2 NAME 4.3 STREE		DECC					
STHEFT ADDRESS CITY - ST - ZIP				4.5 STREE		, I	·				
THEE	····		DELETE	5.1 TITLE		-			Change	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE		RESS					
CITY-ST-ZIP				5.4 CITY-		- 1					
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME				62 NAME		- }					
STREET ADDRESS				6.3 STREE	T ADD	RESS					
CITY-ST-ZIP				6.4 CITY-	ST-ZII	P					
	that the information supplie	ed with this filing	does not qual				led in Section 119.07(3)(i), Florida Statu	tes. I further	certify the	at the	

16. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, if under 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 19 if chapted, or on any attachment with an address.

SIGNATURE

4-26-97 (407)322-520,