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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001336 (4)

CRUISES R-4-U, INC.

FILED May 21 1998 8:00am Secretary of State



			A La Varia - A La				FRIOL AROLL WORDE FLOUD FRION LIKED BAIL DRAL	
Principal Place of Business Mailing Address								
740 POWDERHORN CIR LAKE MARY FL 32746			740 POWDERHORN CIR LAKE MARY FL 32746		DO NOT WRIT	TE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	Dringinal DI	non of Purpuser	2a. Mailing Address			03/15/1996 4. FEI Number	Applied For	
	2. Principal Place of Business		26			59-3359655	Not Applicable	
21	Sulte, Apt. #, etc.		Suite, Apt. #, etc.				SQ 75 Additional	
22			<u>├─</u>	27		5. Certificate of Status Desired	Fee Required	
	City & State	State City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28	28		Trust Fund Contribution	Added to Fees	
	Z ip	Country	Ζφ	Cou	ntry	8. This corporation owes or has p		
24		25	29	30		Personal Property Tax due Jun		
		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered Agent	
DAVIS, JOHN 81 Name						JOANN DAY	<u>'5</u>	
		POWDERHORN CIR		dress (P.O. Box Number is Not Accepta	ble) C LOCK			
	LAH	KE MARY FL 32748		O POWDERHORN	CIRCLE			
					83			
					84 City /	1.45 00-0 (85 -Zip_Code_//	
					<u> </u>	AKE MARY	FL 32/46	
11.	Affice or re	to the provisions of Sections 607 050 egistered agent, or both, in the Stato m familiar with, and accept the oblic	∘ of Florida. Such ch ance v	vas authorizad	d hy the corpor	proporation submits this statement for the ration's board of directors. I hereby according	purpose of changing its registered ept the appointment as registered	
SIC	NATURE	Signature, typerd or protect harm of registered ag	rest and title if applicable	(NOTE: Registered	d Agent signature rec	quired when reinstating)	DATE	
12.			ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITL	E	DCPV	☐ DELETE	1.1 7(ΓLE		Change Addition	
NAM	1E	Davis, Joann		1.2 NA	VME .			
STR	EET ADDRESS	740 POWDERHORN CIR		1.3 ST	REET ADDRESS			
cm	r-ST-ZIP	LAKE MARY FL 32748			TY-ST-ZIP			
TITE	E	ST	☐ DELFTE	2111	TLE		Change Addition	
NAN	18	Davis, Joann		2.2 NA	AME			
STA	EET ADDRESS	740 POWDERHORN CIR		2.3 ST	REE1 ADDRESS	_		
CITY	-ST-ZIP	LAKE MARY FL 32746			(TY - \$T - ZIP			
TITL	E		☐ DELETE	3.1 (1)	ILE		Change Addition	
NAN	(E			3.2 NA	AME			
STR	EET ADDRESS			3.3 \$7	ree1 address			
cm	(-ST-ZIP				ITY - ST - ZIP			
TITL	E		☐ DELFTE	4.1 10	TLE]		Change Addition	
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ĊITY	r-ST-ZIP				TY-ST-ZIP			
TITL	E		☐ DELETE	5170	LTE		Change Addition	
NAN	(E			5 2 N/	AME		145/~ 1	
STR	EET ADDRESS			5.3 \$1	TREET ADDRESS		1171	
ĊПY	(-ST-ZIP				TY-ST-ZIP		11/1-1	
TITL	E		DELETE	6110	TLE	ennnnae:	Change Addition	
NAN	Œ			6 2 N/	AME	6000025 3 -05/22/93010		
STR	EET ADDRESS			6381	REET ADDRESS	***150.00)10 0 00	
CITY	r-ST-ZIP			6 4 Cf	TY-ST-ZIP	**** £ 3U , UU		

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 signalure shall have the same legal effect as if made under oath, that I am an officer or director of the conjugation 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 channelt, or an an attachmen with an address.

1-22-02 1/22 200 ra