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 # F9600003184 (6)

FILED Feb 06 1998 8:00am Secretary of State

CRUIS	E CONSULTANTS INC.	` ,							
Principal Place	e of Business	Mailing Address						ille Chui IIII	
5414 W PARK RD HOLLYWOOD FL 33021 5414 W PARK RD HOLLYWOOD FL 33021					DO NOT WR	ITE IN THI	S SPACE		
					3. Date Incorporated or Qualifie				
					06/21/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26			65-0677232	65-0677232 Not A		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X D	\$8.75		
22		27 City & State					Fee Re	·	
City & State	9	City & State			6. Election Campaign Financing	, ,	\$5.00		
Zip	Country	28 Z(p	Country		Trust Fund Contribution		Added t		
24	25	29 3	- '		This corporation owes or has Personal Property Tax due Ju			angible No	
	9. Name and Address of Currer	nt Registered Agent	<u>-1</u>		10, Name and Address of New				
COAKLEY, CHRISTINE M 81 Name					WATSON, CHRISTIN	E C			
5414 W PARK RD			82	Street		Stees (P.O. Box Number is Not Acceptable) 5414 W PARK RD			
HU)LLYWOOD FL 33021				5414 W PARK RD				
			83						
			84	City	HOLLYWOOD		85 Zip (3021	
44 Diverset	to the manifeless of Continue COZ OF O	00 and 007 4500 Florida Otal Aca				<u>F</u> l			
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	, the above horized by	named the con	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose cept the ar	or changing its opointment as	s registered registered	
agent. I ar	m familiar with, and accept the oblig-	ations of, Section 607.0505, Floric	da Statutes						
SIGNATURE .	Signature, typed or printed name of registered ago	ent and title if applicable (NO1F: R	logistered Appl	nt signature	e required when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF		ND DIRECTOR	S IN 12	
TITLE	PST	☐ DELETE 1.11			PST		K] Change	Addition	
NAME	COAKLEY, CHRISTINE M		1.2 NAME		WATSON, CHRISTINE	С			
STREET ADDRESS	5414 W PARK RD		1.3 STREET	ADDRESS	5414 W PARK RD	_			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY - ST	r-ZIP	HOLLYWOOD FL 3302	<u> </u>			
TITLE		☐ DELETE	2.1 TITLE		·		☐ Change	☐ Addition	
NAME	221		2.2 NAME						
STREET ADDRESS			23 STREET	ADDRES\$					
CITY-ST-ZIP		DOUTE	2.4 CITY-S	T · ZIP			[] A		
TITLE			3.1 TITLE				☐ Change	Addition	
NAME CTDEET ADDRESS			3.2 NAME	4 DADE AA					
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	3.4. CITY - S' 4.1 TITLE	1 - ZIP			☐ Change	Addition	
NAME		occ.,,	4.1 MILE 4.2 NAME				C Oldings	Addition	
STREET ADDRESS			4.3 STREET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST	-	·				
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5 2 NAME				-		
STREET ADDRESS			5.3 STREET A	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME					İ	
STREET ADDRESS			6.3 STREET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST						
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify for the	he exempt	ion state	ed in Section 119.07(3)(i), Florida Statutes	. I further o	ertify that the	information	

4. 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 fusion exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if Janged, or on ap attechment with an address.

(054) 000 464

CR2E034 (10/9