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

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 AUG 19 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** F96000006889

1. Corporation Name

ULYSSES CRUISES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~901 S. America Way~~<br>~~Miami, FL 33132~~ | ~~901 S. America Way~~<br>~~Miami, FL 33132~~ |

3. Date Incorporated or Qualified: 12/31/96
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 c/o AGS<br>~~201 S. Biscayne Blvd.~~ | 26 c/o AGS<br>~~201 S. Biscayne Blvd.~~ |
| Suite, Apt. #, etc.<br>22 1500 Miami Center | Suite, Apt. #, etc.<br>27 1500 Miami Center |
| City & State<br>23 Miami, FL | City & State<br>28 Miami, FL |
| Zip / Country<br>24 33131 / 25 | Zip / Country<br>29 33131 / 30 |

4. FEI Number: 65-0178622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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**

~~Patrick C. Barthet, Esq.~~
~~200 S. Biscayne Blvd., Suite 2120~~
~~Miami, FL 33131~~

**10. Name and Address of New Registered Agent**

81 Name: Corporation Company of Miami
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.
83: 1600 Miami Center
84 City: Miami **FL** 85 Zip Code: 33131

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 By: Jill B. Zammas — Corporation Company of Miami
Jill B. Zammas, Asst. Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCP<br>~~Katsoufis, Paris G.~~<br>~~901 S. America Way~~<br>~~Miami, FL 33132~~ | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D/C<br>Stensby, Kristian<br>901 S. America Way<br>~~Miami, FL 33132~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~Bulgarides, Peter~~<br>~~901 S. America Way~~<br>~~Miami, FL 33132~~ | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D/VC/S<br>Wright, Blandin J.<br>901 S. America Way<br>~~Miami, FL 33132~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~Davis, Mark S.~~<br>~~901 S. America Way~~<br>~~Miami, FL 33132~~ | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D/T/AS<br>Gruner-Hegge, Einar<br>901 S. America Way<br>~~Miami, FL 33132~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~Kolk, Glenn G.~~<br>~~901 S. America Way~~<br>~~Miami, FL 33132~~ | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | P<br>Magnan, Larry<br>901 S. America Way<br>~~Miami, FL 33132~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 800002272208--8<br>-08/20/97--01061--002<br>****550.00 ****550.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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:** B. Magnan — Larry Magnan, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #