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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

DOCUMENT #

G35633

CHOOSE-A-CRUISE, INC.

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business % PAUL N. RICHTER % PAUL N. RICHTER 2054 TAYLOR RD 2054 TAYLOR RD DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32308-5735 TALLAHASSEE FL 32308-5735 3. Date Incorporated or Qualified 04/25/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2322930 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHTER, PAUL N. 2054 TAYLOR RD. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 **B4** City Zip Code 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, typed or printed name of tegistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 11 TITLE RICHTER, DORIS K. NAME 1.2 NAME 2054 TAYLOR RD. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RICHTER, PAUL N 2.2 NAME 2054 TAYLOR RD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 900002506072 -04/30/98--01011--011 DELETE 6.1 TITLE TITLE 6.2 NAME ***150.00 STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 trusted 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 in on an attachment with an address.

SIGNATURE:

**Control of the corporation or the receiver or trusted 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 in on an attachment with an address.

SIGNATURE: