FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 27 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32626 (4)

1. Corporation Name
AMERICAN RIVER CRUISES, INC.

Principal Place of Business	Mailing Address
433 NO. PALMETTO AVE. SANFORD FL 32771	433 NO. PALMETTO AVE. SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1984
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number: 59-2450886 ☐ 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

YURONIS, NANCI
188 PARK PLACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: STERNBERG, WILLIAM D.
82 Street Address (P.O. Box Number is Not Acceptable): 473 LAKE SHORE DRIVE
83
84 City: LAKE MARY FL 85 Zip Code: 32746

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 WILLIAM D. STERNBERG [signature] 2-22-95
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	PT	1 1 TITLE	☒ Change ☐ Addition
NAME	YURONIS, NANCI	1 2 NAME	
STREET ADDRESS	188 PARK PLACE	1 3 STREET ADDRESS	OMIT
CITY-ST-ZIP	LAKE MARY FL	1 4 CITY ST ZIP	
TITLE	VS	2 1 TITLE	☒ Change ☐ Addition
NAME	BRIGGS, LOU	2 2 NAME	OMIT
STREET ADDRESS	112 COUNTRY PLACE	2 3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	P/T/V/S/D ☒ Change ☐ Addition
NAME	STERNBERG, WILLIAM D	3 2 NAME	STERNBERG, WILLIAM D.
STREET ADDRESS	1463 FERRINDON CIR	3 3 STREET ADDRESS	473 LAKE SHORE DRIVE
CITY-ST-ZIP	LAKE MARY FL	3 4 CITY ST ZIP	LAKE MARY, FL 32746
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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: WILLIAM D. STERNBERG [signature] 2-22-95 407-321-5091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043668 CP