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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H32626

(4)

AMERICAN RIVER CRUISES, INC.

Mailing Address

FILED

Feb 04 1998 8:00am

Secretary of State

433 NO. PALMETTO AVE. 433 NO. PALMETTO AVE. SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1984 2. Principal Place of Business 2a. Mailing Address Applied For 59-2450886 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STERNBERG, WILLIAM D. 473 LAKE SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 City Zip Code 85 FL

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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Addition TITLE NAME STERNBERG, WILLIAM D 1.2 NAME **473 LAKE SHORE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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.

WILLIAM STERNBERG WILLIAM STERNBERG

SIGNATURE:

Z REQUIRED

1/30/98 407-321-5091