FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # **H80343** **(7)**

1. Corporation Name

PALM BEACH CRUISE LINE, INCORPORATED

Principal Place of Business	Mailing Address
C/O JOHN M. MCTIGHE 2790 N. FEDERAL HWY. BOCA RATON FL 33431	C/O JOHN M. MCTIGHE 2790 N. FEDERAL HWY. BOCA RATON FL 33431

3. Date Incorporated or Qualified: **10/10/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 2790 N. FEDERAL HWY.	26 c/o BILL T. SMITH JR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 980 N. FEDERAL HWY. #402
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FLORIDA
24 Zip: 33431 / 25 Country: U.S.A.	29 Zip: 33432 / 30 Country: U.S.A.

4. FEI Number: **59-2585530** ☐ 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

MCTIGHE, JOHN M.
2790 N. FEDERAL HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: BILL T. SMITH, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 980 NORTH FEDERAL HIGHWAY, #420
83
84 City: BOCA RATON **FL** 85 Zip Code: 33432

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: BILL T. SMITH, JR. Resident Agent ✓ 5/9/96
Signature, Typed or printed name of Registered Agent — TITLE, Registered Agent or officer required for the filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GRUNDSTAD, ODDMUND R. 2790 N. FEDERAL HIGHWAY BOCA RATON FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DPT GRUNDSTAD, ODDMUND R. 980 N. FEDERAL HWY., #420 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JOHN P. 2790 N. FEDERAL HIGHWAY BOCA RATON FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCTIGHE, JOHN M. 2790 N. FEDERAL HWY. BOCA RATON FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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(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: ODDMUND GRUNDSTAD ✓ Oddmund Grundstad ✓ 5/2/96 407-392-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #