

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J18092 (3)
1. Corporation Name
CRUISES PLUS, INC.

Principal Place of Business	Mailing Address
200 EXECUTIVE WAY EXECUTIVE CENTER PONTE VEDRA BEACH FL 32082	200 EXECUTIVE WAY EXECUTIVE CENTER PONTE VEDRA BEACH FL 32082

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

9. Name and Address of Current Registered Agent		81	Name
AKEL, DANIEL D.		82	Street Address
ONE INDEPENDENT DR		83	
2301 INDEPENDENT SQUARE		84	City
JACKSONVILLE FL 32202			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar 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)

12.	OFFICERS AND DIRECTORS	13.
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TITLE	DPS BINDER, IRMA 200 EXECUTIVE WAY PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME			1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 06/04/1986		
4. FEI Number 59-2680758		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
n's board of directors. I hereby accept the appointment as registered

when reinstating) _____ DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I 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 Irma Beindorf TRMA BINDER 2/2/88 (944) 255-1100

CFR2E034 (10/97)