## FILE NOW FRENG FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REP



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 118092

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90023 006 \*\*\*150.00

| 1. Corporation CRUISES   | 5135 M F F C C C C C C C C C C C C C C C C C   |  |   |  |                                       |  |
|--|--|--|---|--|---------------------------------------|--|
| •  |  |  |   |  |                                       |  |
| Principal Place  | of Business  | Mailing Address  |   |  | ATIP ITEL BIOSI OTOTI GLESI OL        | Dit Stati Giati IAAI                                       |
| 200 EXECUTIVE WAY EXECUTIVE CENTER EXECUTIVE CENTER  |  | 200 EXECUTIVE WAY EXECUTIVE CENTER   |   | DO NOT WR  | ITE IN THIS SPACE                     |  |
| PONTE VEDRA B  | BEACH FL 32082   | PONTE VEDRA BEACH FL 32  | 2082  | 3. Date Incorporated or Qualifed   |                                       |  |
|  |  |  |   | 06/04/1986   | •                                     |  |
|  | THE CASE   | 2a. Mailing Address  | <del></del>   | 4. FEI Number  |                                       | Applied For  |
| 2. Principal Pla   | ace of Business  | <b>⊢</b>   |   | 59-2680758   |                                       | Not Applicable   |
| Suite, Apt. #  | #, etc.  | Suite, Apt. #, etc.  |   | Certificate of Status Desired  | 1 1                                   | 5 Additional<br>Required                                   |
| 22   |  | 27   |   | 6. Election Campaign Financing   | \$5                                   | 00 May Be  |
| City & State   | fig. St.   | City & State   |   | Trust Fund Contribution  | , , , , , , , , , , , , , , , , , , , | ied to Fees  |
| 23   |  | Zip  | Country   | 8. This corporation owes the cur   | rrent year Intangible                 |  |
| Zip  | Country  |  | 30  | Personal Property Tax.   | ∫Yes                                  | X No   |
| 24   | 9. Name and Address of Curr  | 1=-1   |   | 10. Name and Address of New  | Registered Agent                      |  |
|  | 9. Name and Address of Curt  | ent Registered Agent   | 81 Name   |  |                                       |  |
|  | , Daniel Danie<br>Independent dr   |  | 82 Street   | Address (P.O. Box Number is Not Accep  | table)                                |  |
|  | INDEPENDENT SQUARE   |  | 83  |  | <del>.</del>                          | •  |
|  | SONVILLE FL 32202  |  |   |  | 85                                    | Zip Code   |
|  |  |  | 84 City   |  | <b>FL</b>   "                         |  |
|  | to the provisions of Sections 607.0  |  |   | d corporation submits this statement for the coration's board of directors. I hereby accurately  | ept the appointment a                 | s registered   |
| agent. I ar  | n familiar with, and accept the obl  | ligations of, Section 607.0505, Flori  | ida Statutes.   | required when retreating)  | DATE                                  |  |
| office or reagent. I are   | agistered agent, or both, in the Stann familiar with, and accept the obling and accept the obling agreement of the standard of | ligations of, Section 607.0505, Flori  | ida Statutes.<br>Registered Agent signature   | •  | DATE:                                 | CTORS IN 12  |
| office or reagent. I are   | agistered agent, or both, if the Size n familiar with, and accept the obl Signature, yped or printed name of registered. OFFICERS  | ligations of, Section 607.0505, Flori  | ida Statutes.<br>Registered Agent signature   | required when retreating)  | DATE                                  | CTORS IN 12  |
| office or reagent. I are SIGNATURE.  | agistered agent, or both, in the Stann familiar with, and accept the obling and accept the obling agreement of the standard of | ligations of, Section 607.0505, Flori agent and life if applicable (NOTE: AND DIRECTORS)                             | Registered Agent signature  | required when retreating)  | DATE:                                 | CTORS IN 12  |
| office or reagent. I are SIGNATURE   | agistered agent, or both, if the Size in familiar with and accept the obling signature, year of private name of registered DPS   | ligations of, Section 607.0505, Flori agent and life if applicable (NOTE: AND DIRECTORS)                             | Registered Agent signature  1.1 TITLE   | required when relinstating [1] ADDITIONS/CHANGES TO Q  | DATE:                                 | CTORS IN 12  |
| office or reagent. I are SIGNATURE.  12.  TITLE  NAME  | Signature, yped or printed name of registered  DPS BINDER, IRMA  | igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS:  DELETE                    | Registered Agent signature  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | required when relinstating [1] ADDITIONS/CHANGES TO Q  | FFICERS AND DIRE                      | CFORS IN 12:   |
| office or reagent. I are agent. | Signature, yped or printed name of registered  DPS BINDER, IRMA 200 EXECUTIVE WAY  | ligations of, Section 607.0505, Flori agent and life if applicable (NOTE: AND DIRECTORS)                             | Registered Agent signature  13.7  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS   | required when relinstating [1] ADDITIONS/CHANGES TO Q  | DATE:                                 | CFORS IN 12:   |
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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 turtier certify that it am an 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR