

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J20916 (9)

1. Corporation Name

CRUISE DESTINATIONS, INC.



Principal Place of Business

170 W SPANISH RIVER BLVD
BOCA RATON FL 33431

Mailing Address

170 W SPANISH RIVER BLVD
BOCA RATON FL 33431

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/20/1986

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2711715

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

KROLOCK, JUNE
16700 VALENCIA COURT
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

(Print Name of Agent or Director if not the same as above)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PVP - D	☐ DELETE
2. NAME	KROLOCK, JUNE	
3. STREET ADDRESS	16700 VALENCIA COURT	
4. CITY-STATE-ZIP	DELRAY BEACH FL 33484	
5. TITLE	ST - D	☐ DELETE
6. NAME	KROLOCK, STANLEY D.	
7. STREET ADDRESS	16700 VALENCIA COURT	
8. CITY-STATE-ZIP	DELRAY BEACH FL 33484	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-STATE-ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-STATE-ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-STATE-ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY-STATE-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(3)(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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Mo-Year

CR2E034 (12/95)