2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2004 8:00 am Secretary of State DOCUMENT # J43361 07-07-2004 90004 012 ***150.00 CRUISE FOR FUN. INC. Principal Place of Business Mailing Address 7441 LAHANA CIRCLE 7441 LAHANA CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 07012004 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2746762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SCHWARTZ, JOSEPH L., ESQ. DO NOT WRITE 4040 SHERIDAN STREET HOLLYWOOD, FL (IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICIERS AND DIRECTORS DS TITLE FOLZ, HAROLD NAME STREET ADDRESS 7441 LAHANA CIRCLE BOYNTON BEACH! FL 33437 CITY-ST-ZIP TITLE DP FOLZ, SANDY STREET ADDRESS 7441: LAHANA CIRCLE BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if

R DIRECTOR

FILED

2002 UNIFORM BUSINESS REPORT (UBR) Affachment J43361 DOCUMENT# 1. Entity Name _ CRUISÈ FOR FUN. INC. Principal Place of Business Mailing Address 7441 LAHANA CIRCLE 7441 LAHANA CIRCLE 4060229 BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State -4. FEI Number Applied For 59-2746762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, JOSEPH L., ESQ. Street Address (P.O. Box Number is Not Acceptable) 4040 SHERIDAN STREET HOLLYWOOD FL City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT: 1: 11. 12. Defete TITLE Change Acciden-THE FOLZ, HAROLD NAME 7441 LAHANA CIRCLE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY - ST - ZIP CITY-ST-7IP Addition Hitte Delete TITLE □ Change FOLZ, SANDY 5,2M6 NAME 7441 LAHANA CIRCLE STREET ADDRESS STREET 400RESS **BOYNTON BEACH FL 33437** CITY - ST - 219 CITY-ST-ZIP 1815 ☐ Delete TITLE Approx NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY - ST - ZIP : 112 Delete TITLE Change <u>-</u> 400 t.cr NAME 1 STREET ADDRESS STREET ADDRESS 017 - - 91 - 219 CITY-ST-ZIP ☐ Delete TITLE Change Change 1171.5 THE Address NAME BAM STREET ADDRESS STREET ADDRESS 0171-57-212 CITY-ST-ZIP Defeie Change Addition STREET ADDRESS STREET ADDRESS CITH-ST-ZIP CITY-ST-ZIP 13. Energy 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 report or supplemental 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 11 or Block 12 is changed, or on an attachment with an address, with all other like enpowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Affachment

i 1. Entity Nan	MENT # J4336 FOR FUN, INC.	1)		
Protector Prace of Business 7441 LAHANA CIRCLE BOYNTON BEACH FL 33437		Mailing Address 7441 LAHANA CIRCLE BOYNTON BEACH FL 334	37	54060229
2. Principai F	Place of Business	3. Mailing Address		
Solite Apt #, etc		Suite. Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City's State		City & State		4. FEI Number 59-2746762
2:0	Country	Zip	Country	S. Certificate of Status Desired
	6. Name and Address of Current	l Registered Agent		7. Name and Address of New Registered Agent
COLUMN	T7 100EDU : E00		Name	
SCHWARTZ, JOSEPH L., ESQ. 4040 SHERIDAN STREET			Street Address	s (P.O. Box Number is Not Acceptable)
HOLLYWO	OOD FL	•		
	,		City	FL Za, Code
the obligation SIGNATURE :	considered agent. I Signature takes expenses pane of massieres agents		Registerist Agent signature requi	ered agent, or both, in the State of Florida is an tamillar with land is live.
After Make Check	ILE NOWIII HEE IS STADOO Mayalfood a cardilla Associa Reyapja Salaloota Dapaymaalka			9. Election Campaign Financing \$5.00 Ma; Be Trust Fund Contribution Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AT
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1103 1444 11641 456 9688 1181 47		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Charge Divinion Charge Divinio

12. Telebrit, detrify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes if further detrify that the anti-cated on itus report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under pain, that it as an entire to the cordination of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Blue 10 or Blue in managed or en an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME A SUGNING OFFICER OR DIRECTOR

1/7/03 501-731-1992

Affachment



CRUISE FOR FUN. INC.

(561) 731-1992 FAX (561) 731-1803 1-888-200-4159

July 1, 2004

Division of Corporations P.O. Box 6198 Tallahassee, FI 32314

Gentlemen:

In the mail today I received a card "Notice of Intent to dissolve". I did not know what this referred to as each year when I received forms from the state, I immediately took care of them send a check.

I called the Division of Corporations on the phone and they told me that they had not received the completed form with a check. I told them I had never received the form.

They saw from their records that I always paid during the month of January when I had received the form. They told me how to obtain the form on the internet and the fee would only be \$150.

I am therefore sending you the completed form together with a check. I am also enclosing a copy of the forms for the last two years showing that they were paid in time.

Thanks very much for your cooperation.

Sincerely,

HAROLD J. FOLZ

Enc.

