FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J66796 (0)

1. Corporation Name
ANCHORS AWAY CRUISES, INC.

FILED
95 JUL 10 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1607 MAIN ST. DUNEDIN FL 34698	1607 MAIN ST. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1987
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business
21: 13553 66th STREET N
22: Suite, Apt. #, etc.
23: LARGO, FL
24: Zip 34641 25: Country U.S.A.

2a. Mailing Address
26: 13553 66th STREET N
27: Suite, Apt. #, etc.
28: LARGO FL
29: Zip 34641 30: Country U.S.A.

4. FEI Number: 59-2796287 ☐ 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

SCHOEN, DEBORAH
1607 MAIN ST.
DUNEDIN FL

10. Name and Address of New Registered Agent

81 Name: STEVEN SCHOEN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 13553 66th STREET NORTH
84 City: LARGO FL 85 Zip Code: 34641

11. Pursuant to the provisions of Section 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 ✓ 6-28-96
(Signature of, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHOEN, DEBORAH	1.2 NAME	DELETE	
STREET ADDRESS	2877 REDFORD CT.,W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	DCM	2.1 TITLE	DCP	☒ Change ☐ Addition
NAME	SCHORM, STEVEN	2.2 NAME	SCHOEN, STEVEN	
STREET ADDRESS	300 S. FLORIDA AVE	2.3 STREET ADDRESS	300 S. FLORIDA AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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: ✓ 6-28-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340192 CP