

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

|                                      |                                                                                   |                                                                                                    |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # J66796 (0)

1. Corporation Name  
ANCHORS AWAY CRUISES, INC.

|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business<br>1607 MAIN ST.<br>DUNEDIN FL 34698 | Mailing Address<br>1607 MAIN ST.<br>DUNEDIN FL 34698 |
|------------------------------------------------------------------|------------------------------------------------------|

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

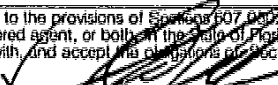
DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |  |                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br>04/07/1987                                                                                                             |  | 3a. Date of Last Report<br>06/22/1994                                                                          |  |
| 4. FEI Number<br>59-2786287                                                                                                                                 |  | Applied For<br>Not Applicable                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                                                |  |

|                                                                                 |  |                                                                      |  |
|---------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 13553 66th STREET N<br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 13553 66th STREET N<br>Suite, Apt. #, etc. |  |
| 22 City & State<br>23 LARGO, FL                                                 |  | 27 City & State<br>28 LARGO, FL                                      |  |
| 24 Zip<br>34641                                                                 |  | 25 Country<br>U.S.A.                                                 |  |
| 29 Zip<br>34641                                                                 |  | 30 Country<br>U.S.A.                                                 |  |

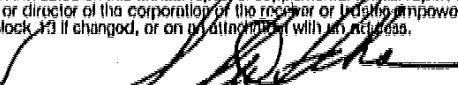
|                                                                                                   |  |                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>SCHOEN, DEBORAH<br>1607 MAIN ST.<br>DUNEDIN FL |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |  |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|

11. Pursuant to the provisions of Sections 607.002 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, of 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 provisions of Section 607.005, Florida Statutes.

SIGNATURE  DATE 6-28-95

|                                                    |                                                                  |                                                                    |                                                                                                                                                      |
|----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                         |                                                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PS<br>SCHOEN, DEBORAH<br>2877 REDFORD CT., W.<br>CLEARWATER FL   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DELETE                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DCM<br>SCHORM, STEVEN<br>300 S. FLORIDA AVE<br>TARPON SPRINGS FL | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DCP<br>SCHORM, STEVEN<br>300 S. FLORIDA AVENUE<br>TARPON SPRINGS, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

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 110.07(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 liquidator 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:  DATE 6-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR