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

APPROVED AND FILED

95 MAY -1 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78866 (7)

1. Corporation Name
S/S JUST CRUISES, INC.

Principal Place of Business	Mailing Address
1921 E COLONIAL DRIVE ORLANDO FL 32803	1921 E COLONIAL DRIVE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22 / 27:
City & State 23 / 28:
Zip 24 / Country 25 / Zip 29 / Country 30:

4. FEI Number: 59-2818538 ☐ 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

WATSON, JR., WAYNE F.
7803 NORTH ORANGE BLOSSOM TRAIL
SUITE #6
ORLANDO FL 32810

10. Name and Address of New Registered Agent

61 Name: Rick Parker
62 Street Address (P.O. Box Number is Not Acceptable): 1921 E. Colonial Dr.
63:
64 City: Orlando FL 65 Zip Code: 32803

11. Pursuant to the provisions of Sections 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: Rick Parker, VP Rick Parker VP DATE: 4/27/95
(Registered Agent's typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☒ Addition TR.
NAME	DAGWELL, BRENDA N.	12 NAME	Divine, Lori
STREET ADDRESS	1921 E. COLONIAL DR.	13 STREET ADDRESS	1921 E. Colonial Dr.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl 32803
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PARKER, RICKY M.	22 NAME	300001483023
STREET ADDRESS	1921 E. COLONIAL DR.	23 STREET ADDRESS	-05/10/95--01096--003
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	PARKER, JULIE M.	32 NAME	
STREET ADDRESS	1921 E. COLONIAL DR.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Julie Parker Pres. 4/27/95 (407) 423-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone #

0061425 CN