

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 27 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J93906**

**(2)**

**1. Corporation Name**  
**CRUISE & TOUR SHOP, INC.**



**Principal Place of Business**  
**716 ST. CLAIR ST**  
**MELBOURNE FL 32935**

**Mailing Address**  
**716 ST. CLAIR ST**  
**MELBOURNE FL 32935-6557**

**3. Date Incorporated or Qualified** **09/24/1987**      **3a. Date of Last Report** **03/20/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number** **59-2847368**      Applied For  Not Applicable

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**22** City & State

**27** City & State

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**23** Zip      Country

**28** Zip      Country

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**24**      **25**

**29**      **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORCORAN, LINDA J.**  
**716 ST. CLAIR ST**  
**MELBOURNE FL 32935**

**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 607.0102 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Type or type in block. Title of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	<b>D</b>
NAME	<b>CORCORAN, MICHAEL F</b>
STREET ADDRESS	<b>6215 CAPSTAN CT</b>
CITY, ST, ZIP	<b>MELBOURNE FL</b>
TITLE <input type="checkbox"/> DELETE	<b>DP</b>
NAME	<b>CORCORAN, LINDA J.</b>
STREET ADDRESS	<b>6215 CAPSTAN CT</b>
CITY, ST, ZIP	<b>ROCKLEDGE FL</b>
TITLE <input type="checkbox"/> DELETE	<b>D</b>
NAME	<b>YARKOVICH, EDWARD G.</b>
STREET ADDRESS	<b>64 SEWICKLEY ST</b>
CITY, ST, ZIP	<b>HERMINIE PA</b>
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**14. I do 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 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:** *Linda J. Corcoran* / *Linda J. Corcoran*      **3/20/95**      **407 254-8622**  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)