

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90109 049 \*\*\*150.00

013086

**DOCUMENT # J93906**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/24/1987**

4. FEI Number  
**59-2847368**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **ARTHUR P. JACOBS**  
82 Street Address (P.O. Box Number is Not Acceptable) **7817 SHADOWOOD DR #215**  
83  
84 City **W. MELBOURNE** FL 85 Zip Code **32904**

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

*Arthur P. Jacobs*

(NOTE: Registered Agent signature required when reinstating)

**2/18/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **CORCORAN, MICHAEL F**  
STREET ADDRESS **6215 CAPSTAN CT**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **DP** ☒ DELETE  
NAME **CORCORAN, LINDA J.**  
STREET ADDRESS **6215 CAPSTAN CT**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☒ DELETE  
NAME **YARKOVICH, EDWARD G.**  
STREET ADDRESS **64 SEWICKLEY ST**  
CITY-ST-ZIP **HERMINIE PA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **ARTHUR P. JACOBS**  
1.3 STREET ADDRESS **7817 SHADOWOOD DR #215**  
1.4 CITY-ST-ZIP **W. MELBOURNE FL 32904**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **LINDA G. JACOBS**  
2.3 STREET ADDRESS **7817 SHADOWOOD DR #215**  
2.4 CITY-ST-ZIP **W. MELBOURNE FL 32904**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **DANIEL A. JACOBS**  
3.3 STREET ADDRESS **7817 SHADOWOOD DR #215**  
3.4 CITY-ST-ZIP **W. MELBOURNE FL 32904**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **ANDREW S. JACOBS**  
4.3 STREET ADDRESS **103 B RIVERVALE CT**  
4.4 CITY-ST-ZIP **SCOTCH PLAINS, NJ 07076**

5.1 TITLE **D** ☐ Change ☐ Addition  
5.2 NAME **LAUREN E. JACOBS**  
5.3 STREET ADDRESS **7817 SHADOWOOD DR #215**  
5.4 CITY-ST-ZIP **W. MELBOURNE, FL 32904**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)