SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS POCUMENT # K48633 CRUISE CENTER OF FLORIDA, INC. Principal Place of Business Mailing Address 11326-16 SAN JOSE BLVD. 11326-16 SAN JOSE BLVD. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1988 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2920073 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Z_{ip} Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAUL, EAKIN M 599 ATLANTIC BOULEVARD STE. 4 Street Address (P.O. Box Number is Not Acceptable) 82 ATLANTIC BCH FL 32233 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign of not type district weather in of requiremental performance darger until (fact) Ell-holy is red Agent signatine to pare twhen his satuling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE Change Addition COOK, RODNEY S. NAME 1.2 NAM6 **CR2E034** 11362-16 SAN JOSE BLVD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP **VPD** TITLE DELETE 2.1 TIFLE On tibbA spired MARY, COOK C NAME 11362-16 SAN JOSE BLVD STREET ADDRESS 2 3 STREET ADDRESS JACKSONVILLE FL CITY-S1-2IP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 DILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-7iP TITLE DELETE 4.1.1:TLE ____ Change ____ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - St - ZiP TITLE DELETE 5 1 THEE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHELL ADDRESS CITY-S1-ZIP 5 4 CHY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY - 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)(k), Florida Statutes Europe to supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 13 if changes, open an attachment with an address IGNATURE AND TO 6/19/96 (904)260-3401 SIGNATURE:

GNING OFFICER OR DIRECTOR