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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT F STATE

Sandra B. Mort am

Secretary of Sta DIVISION OF CORPORTIONS

1997

POCUMENT # L19163

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Secretary of State	

SPECIA	LIZE CRUISE TRAVEL COM	IPANY	1	L 148 (1811 481 14914 1814) 11818 \$1189 151	il arbir diam acum bibir diam undir 1881
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Principal Plac	ce of Business	Mailing Address			05011 07016 01011 01011 05051 05017 1901
2101 B. OCEA	N DR.	2101 S. OCEAN DR.			
₽270 5		2705			
HOLLYWOOD US	FL 83()19	HOLLYWOOD FL 33019-253	37		
00		US		3. Date Incorporated or Qualified	3a. Date of Last Report
P. Principal F	Place of Business	2a. Mailing Address		09/26/1989 4. FEI Number	05/01/1996 Applied For
21	Table of Eddinos	26 26		65-0144874	Not Applicable
Suite Apt	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30	Florida Stalules	Yes No
	9. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New Re	egistered Agent
	IKINS, RICHARD J.		BI Name		
	1 \$ OCEAN DR, STE 2705		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
not	LLYWOOD 33019		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	es, the above-named corr	poration submits this statement for the	
office or r	conditioned accept or politicistics Crate	a of Harida, Qual, abanda was a	with a sign of the distance and and	tionle beared of allegation the casts	nt the encountry ont as registered
Boot I s	on trailing with and don't the still	e of Florida, Such Change was a	iumonzed by the corpora	ition's board of directors, I hereby acce	prine appointment as registered
i	am lamillor with, and in coll the slig	SICHALD TO	ENHINS T	poration submits this statement for the lition's board of directors. I hereby accomplete the stop of t	5/21/07
agent. I a	Mature, typed or product prime of registered ag	LICHALD J. J	utition/ed by the corpora irida Statutes. :: Registered Agent signature requi	EESIDEN /	3/21/17
SIGNATURE	Mature, typed or product prime of registered ag	YICHAID J. J god and title of applicable (NOTE NO DIRECTORS	: Rog stered Agent's gnature requi	EESIDEN /	3/21/17 DATE CERS AND DIRECTORS IN 12
SIGNATURE 12.	January, typed or July Julia of registered ag OLFICERS AN	LICHALD J. J	Fog stered Agent's grature requi	PESIDEN / irod when re-estating)	3/21/97 DATE
SIGNATURE 12. TITLE NAME	DIFICERS AN JENKINS, RICHARD J.	YICHAID J. J god and title of applicable (NOTE NO DIRECTORS	: Rog stered Agent's grature requisits. 13. 1.1 THLE 1.2 NAME	PESIDEN / irod when re-estating)	3/21/17 DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P JENKINS, RICHARD J. 2101 S OCEAN DR #2705	YICHAID J. J god and title of applicable (NOTE NO DIRECTORS	13. 1.1 THUE 1.2 NAME 1.3 STHEET ADDRESS	PESIDEN / irod when re-estating)	3/21/17 DATE CERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 it if an attachment with an address. PLESIDEN T3/22/07 921-7447