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



PROFIT CORPORATION ANNUAL REPORT 1997		Sandra B. I Secretary	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		Apr 14 1997 8:00am Secretary of State	
<ol><li>Corporation</li></ol>	MENT # <b>L56216</b> BAY CRUISES, INC.	(9)				
Principal Place 2631 E. OAKLA	IND PK. BLVD.	Mailing Address 2180 HAMMOCK LANE FT LAUDERDALE FL 33312-44 US	427			
US				<ol> <li>Date Incorporated or Qualif</li> <li>03/05/1990</li> </ol>	ied 3a, Date of Last Report 02/23/1996	
2. Principal P	lace of Business Hammock Lame	2a. Mailing Address		4. FEI Number 65-0186326	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	SR 75 Additional	
City & State		City & State		6. Election Campaign Financin	9 \$5.00 May Be	
Zip	Country Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability	Added to Fees rigr intangible tax under s. 199.032,	
24 333	9. Name and Address of Curren	29 30 at Registered Agent	0]	Florida Statutes  10. Name and Address of Nev	Yes No	
2631 FT L	BRECHTS, HERBERT I E. OAKLAND PARK BLVD. #10 AUDERDALE FL 33306		83 84 City	THRISTINE R. I Adriess (P.O. Box Number is Not Acce PAMMA Fr. LAUDEROALE corporation submits this statement for	FL 85 Zip Code 323/2	
office or re agent. I a	egistered agent, or both, in the State in familiar with, and agreet the obligi Signature, typed or privated name of repistered age	of Florida. Such change was aut ations of Section 607.0505, Florid	horized by the corp da Statutes.	oration's board of directors. I hereby a	ccept the appointment as registered	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12  Change Addition	
THE NAME STREET ACCRESS CITY STATE	LAMBRECHTS, HERBERT 2180 HAMMOCK LANE FT LAUDERDALE FL	Asome	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Danida T /h	RECTOR	
NAME STREEL ADDRESS CHY-ST-ZIP	· ·	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	LHRISTING R L 2180 HAMMOC FT. LAUDEROA	Andrechts -14 Lane -15 328/2	
THUE NAME SIRECT ADDRESS CITY-ST-ZIP		C DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP	T T T T T T T T T T T T T T T T T T T	Change Addition	
TITLE NAME STREET ADDRESS	And the second section of the section of the second section of the section of the second section of the section of th	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	. Wagger,	Change Addition	
CHY-ST-ZIP HILLE NAME STREET ADORESS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST-ZIP		Change Addition	
OTY - ST- ZIP  THLE  NAME  STREET ADDRESS  CHY- ST- ZIP	j	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition	
	by certify that the information supplie	d with this filing does not qualify		ated in Section 119.07(3)(i). Florida Sta	atutes. I further certify that the	

I am an officer or director of this arminal report or trusted 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:

FILED

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