


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

FILED

Apr 14 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 # L56216 (9)																																																																		
1. Corporation Name CORAL BAY CRUISES, INC.																																																																		
Principal Place of Business 2631 E. OAKLAND PK. BLVD. #108 FT LAUDERDALE FL 33306 US		Mailing Address 2180 HAMMOCK LANE FT LAUDERDALE FL 33312-4427 US																																																																
2. Principal Place of Business 21 2180 HAMMOCK LANE		2a. Mailing Address 26 2180 HAMMOCK LANE																																																																
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.																																																																
23 City & State FT. LAUDERDALE		28 City & State																																																																
24 Zip 33312		29 Country FLORIDA																																																																
25 Country		30 Country																																																																
9. Name and Address of Current Registered Agent LAMBRECHTS, HERBERT 2631 E. OAKLAND PARK BLVD. #108 FT LAUDERDALE FL 33306		10. Name and Address of New Registered Agent 81 Name CHRISTINE R. LAMBRECHTS 82 Street Address (P.O. Box Number is Not Acceptable) 2180 HAMMOCK LANE 83 84 City FT. LAUDERDALE FL 85 Zip Code 33312																																																																
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 <i>C. Lambrechts</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																		
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY - ST - ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>D</td><td>LAMBRECHTS, HERBERT</td><td>2180 HAMMOCK LANE</td><td>FT LAUDERDALE FL</td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	D	LAMBRECHTS, HERBERT	2180 HAMMOCK LANE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																		
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY - ST - ZIP</th><th>DELETE</th><th>Change</th><th>Addition</th></tr></thead><tbody><tr><td>President / Director</td><td>CHRISTINE R. LAMBRECHTS</td><td>2180 HAMMOCK LANE</td><td>FT. LAUDERDALE, FL. 33312</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition	President / Director	CHRISTINE R. LAMBRECHTS	2180 HAMMOCK LANE	FT. LAUDERDALE, FL. 33312	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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: <i>C. Lambrechts</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																		



CR2E034 (9/96)