

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

FILED

May 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
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DOCUMENT # L84241 (3)
 1. Corporation Name
COASTAL CRUISE LINES, INC.



Principal Place of Business 6385 TURTLE MOUND RD NEW SMYMA BEACH FL 32169-710 US	Mailing Address 6385 TURTLE MOUND RD NEW SMYMA BEACH FL 32169-4710 US
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2. Principal Place of Business 21 1612 E. Ridgewood ST Suite, Apt. #, etc.		2a. Mailing Address 26 1612 E. Ridgewood ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/28/1990	3a. Date of Last Report 04/05/1996
22 City & State ORLANDO FLORIDA		27 City & State ORLANDO, Florida		4. FEI Number 59-3085795	
23 Zip 32803		28 Zip 32803		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 <input type="checkbox"/>		30 <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BAUM, JOHN V.
111 SOUTH MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
 81 Name **GEORGE REILLY**
 82 Street Address (P.O. Box Number is Not Acceptable)
1612 E. Ridgewood ST.
 83
 84 City **ORLANDO** **FL** 85 Zip Code **32803**

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 *George J. Reilly* DATE **4/29/97**
(Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1612 E. Ridgewood ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1612 E. Ridgewood ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *George J. Reilly* DATE **4/29/97** (407)897-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)