
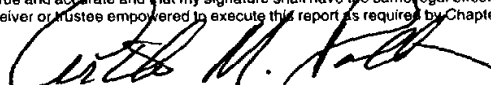


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003006 IMPERIAL MAJESTY CRUISE LINE L.L.C. 871 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311		1a. Principal Place of Business Address 871 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311	
2. Principal Place of Business 5100 N. STATE RD 7 Suite, Apt. #, etc. 137 City & State Ft. LAUDERDALE Zip 33319 Country BROWARD		2a. Mailing Address 5100 N. STATE RD 7 Suite, Apt. #, etc. 137 City & State Ft. LAUDERDALE Zip 33319 Country BROWARD	
3. Date Organized or Qualified 12/04/1998		3a. State of Formation FL	
4. FEI Number 650879092		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$a 75 Additional Fee Required	
7. Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ. GRENSPOON, MARDER, HIRSCHFELD, RAFKI 100 WEST CYPRESS CREEK ROAD, SUITE 7 FORT LAUDERDALE FL 33309		8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. 100002967701 City FL -08/24/99--01012--016 ***18845 ***188.15	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LAMBERT, DANIEL	871 WEST OAKLAND PARK BLVD	FORT LAUDERDALE FL
MGR	VERRILLO, JAMES	871 WEST OAKLAND PARK BLVD	FORT LAUDERDALE FL
MGR	VOGEL, VANCE	871 WEST OAKLAND PARK BLVD	FORT LAUDERDALE FL
MGR	HERRON, JAMES	871 WEST OAKLAND PARK BLVD	FORT LAUDERDALE FL
MGR	SHEEHAN, KEVIN	871 WEST OAKLAND PARK BLVD	FORT LAUDERDALE FL
MGR	POLLACK, ARTHUR M.	5100 N. STATE RD 7, 137	FORT LAUDERDALE FL
MGR	SCHMIDT, WILLIAM	"	"
MGR	PENNINGTON, JOHN	"	"
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		8/2/99 954-714-3330	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	



FILED

02 AUG 12 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Monday, August 02, 1999

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our Annual Report filing for 1999 along with a check in the amount of \$188.75.

I spoke with someone in your office last week who informed me that the \$400.00 late fee would be waived because we never received the original mailing.

Please feel free to contact me with any questions.

Best Regards,



Arthur M. Pollack
President