


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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|--|-------------------|---|---|---|
| CORPORATION ANNUAL REPORT 1995 | |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS | APPROVED AND FILED |
| DOCUMENT # M60542 (1) | | 1995 MAR 29 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| 1. Corporation Name CRUISE SHOPPE OPERATIONS, INC. | | 800001426828 -03/10/95--01091--013 ****200.00 ****200.00 DO NOT WRITE IN THIS SPACE. | | |
| Principal Place of Business C/O ZELDA ROSENTHAL 505 N.W. 65TH COURT, SUITE #202 FT. LAUDERDALE FL 33309 | | Mailing Address C/O ZELDA ROSENTHAL 505 N.W. 65TH COURT, SUITE #202 FT. LAUDERDALE FL 33309 | | |
| 2. Principal Place of Business 21 19900 N.E. 21 Ct | | 2a. Mailing Address 26 19900 N.E. 21 Ct. | | 3. Date Incorporated or Qualified 10/09/1987 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 3a. Date of Last Report 04/14/1994 |
| City & State 23 N. Miami Beach, FL | | City & State 28 N. Miami Beach, FL | | 4. FEI Number 59-2854043 |
| Zip 24 33179 | Country 25 USA | Zip 29 33179 | Country 30 USA | Applied For Not Applicable |
| 9. Name and Address of Current Registered Agent ROSENTHAL, ZELDA 505 N.W. 65TH COURT SUITE #202 FT. LAUDERDALE FL 33309 | | 10. Name and Address of New Registered Agent 81 Name Rosenthal, Zelda (Same Agent, new address) 82 Street Address (P.O. Box Number is Not Acceptable) 19900 N.E. 21st Ct. 83 84 City N. Miami Beach | | |
| | | 85 Zip Code FL 33179 | | |
| 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 <input checked="" type="checkbox"/> <i>Zelda Rosenthal</i> (NOTE: Registered Agent signs on this form when registering) DATE | | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSENTHAL, ZELDA | 1.2 NAME | | |
| STREET ADDRESS | 19900 NE 21 CT. | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | N MIAMI BCH. FL | 1.4 CITY - ST - ZIP | | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | |
| TITLE | | 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 | | 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 | | 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 | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: <input checked="" type="checkbox"/> <i>Zelda Rosenthal</i> | | 2/24/95 | | |
| PRINT NAME AND TITLE OF FILING OFFICER OR DIRECTOR | | Title | | |