

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 7:11

DOCUMENT # **M73443** (7)

1. Corporation Name  
**WORLD CRUISE CLUB, INC.**

Principal Place of Business Mailing Address  
**1100 WEST HOMESTEAD ROAD** **1100 WEST HOMESTEAD ROAD**  
**LEHIGH ACRES FL 33906** **LEHIGH ACRES FL 33906**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/17/1988** 3a. Date of Last Report **09/26/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0049537</b>		<input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc. <b>1100 Homestead Rd N</b>		27. Suite, Apt. #, etc. <b>1100 Homestead Rd N</b>		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State <b>Lehigh FL</b>		28. City & State <b>Lehigh FL</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip <b>33936</b>	25. Country <b>USA</b>	29. Zip <b>33936</b>	30. Country <b>USA</b>	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				10. Name and Address of New Registered Agent			
<b>POWELL, HARRY C., JR.</b> <b>1100 WEST HOMESTEAD ROAD</b> <b>LEHIGH ACRES FL 33936</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>Lehigh</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, HARRY C., JR.</b>	12 NAME	<b>1100 Homestead Rd N</b>
STREET ADDRESS	<b>100 WEST HOMESTEAD ROAD</b>	13 STREET ADDRESS	<b>Lehigh, FL 33936</b>
CITY - ST - ZIP	<b>LEHIGH ACRES FL</b>	14 CITY - ST - ZIP	
TITLE	<b>V</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOFF, DAVID E.</b>	22 NAME	<b>1100 Homestead Rd N</b>
STREET ADDRESS	<b>1100 WEST HOMESTEAD ROAD</b>	23 STREET ADDRESS	<b>Lehigh, FL 33936</b>
CITY - ST - ZIP	<b>LEHIGH ACRES FL</b>	24 CITY - ST - ZIP	
TITLE	<b>S</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGLICKIS, RUTH A.</b>	32 NAME	<b>1100 Homestead Rd N</b>
STREET ADDRESS	<b>1100 WEST HOMESTEAD ROAD</b>	33 STREET ADDRESS	<b>Lehigh, FL 33936</b>
CITY - ST - ZIP	<b>LEHIGH ACRES FL</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(k), 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 as an attorney with an address.

SIGNATURE: *H C Powell* **3/30/95**  
DATE: \_\_\_\_\_