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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

**FILED** 

May 01 1998 8:00am

Secretary of State

FLORIDA CRUISE CONNECTION, INC.					
Principal Place of Business	Mailing Address			( 10010071 111 19610 01106 (1111 0109) 011 0101 0101	DIL BUDIL BUDIL BUDIL BYBIL IODE
SI SARASOTA CENTER BLVD 31 SARASOTA CENTER BL		BLVD			
SARASOTA FL 34240 SARASOTA FL 34240 US				DO NOT WRITE IN THIS	SPACE
00	03			3. Date Incorporated or Qualified	
				04/06/1988	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.		<del></del>	,,	65-0047682	Not Applicable \$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State City & State			<u> </u>	6. Election Campaign Financing	\$5.00 May Be
Zip Country				Trust Fund Contribution	Added to Fees
24 25 29	n É	Country 30	,	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year intangible
9, Name and Address of Current Regi		1001	. ,,	10. Name and Address of New Registere	
LEPORE, MICHAEL R.		81	Name	·	
31 SARASOTA CENTER BLVD		62	Street Ad	dress (P.O. Box Number is Not Acceptable)	<u>-</u>
SARASOTA FL 34240		83	ļ		
		64	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the obligations	607.1508, Florida Statut	ies, the abov	e-named co	orporation submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the obligations	of, Section 607.0505, FI	lorida Statute	y the corpor 8.	ration's board of directors. Thereby accept the at	ppolitiment as registered
SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76. B	T	quired when reinstating) DATE	
Signature, typed or printed name of registered agent and fit  12. OFFICERS AND DIRE		13.	ent signatule rec	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PD	☐ DELETE	. 1.1 TITLE			Change Addition
NAME LEPORE, MICHAEL R.  5966 MIDNIGHT PASS RD  SADA SOTA FI		1.2 NAME			
			T ADDRESS		,
CITY-ST-ZIP SARASOTA FL	DELETE	1.4 CITY-: 2.1 TITLE	ST-ZIP	,	Change Addition
Secretary	Cal Occord	2.2 NAME			
Lepore, Michael K			T ADDRESS		
CITY-ST-ZIP Sarasota FI 34242		2 4 CITY-	ST-ZIP		
TITLE	DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAME	4000000		
STREET ADDRESS CITY-ST-ZIP		3.3 STREE 3.4. CITY-	T ADDRESS ST - ZIP		/
ME Vice President	DELETE	4.1 TITLE	31-211		Change Addition
NAME Bankemper, Maria 1	L	4. 2 NAME			
STREET ADDRESS   4335 Pine Meadow Terrace		4.3 STREF	F AODRESS		
	Sarasota, FL 34233		ST - ZIP		Change   Addition
TITLE NAME	☐ DELETE	5.1 TITLE 5.2 NAME	İ		Change Addition
NAME STREET ADDRESS			T ADDRESS		
CITY-ST-2IP		5.4 CITY-1			
TITLE	DELETE	61 TITLE			☐ Change ☐ Addition
NAME					
STREET ADDRESS			I ADDRESS		
CITY-ST-ZIP  14. I hereby certify that the information supplied with this		6.4 CiTY-1			

indicated on this annual report of supplemental annual apport is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar officer or director of the corporation or the receiver of 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 autatraction with an address.