

STATE
FLORIDA**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # M93162****(9)**

1. Corporation Name

CRUISIN OF FLORIDA, INC.

Principal Place of Business

**525 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118
US**

Mailing Address

**2060 S ATLANTIC AVE
DAYTONA BHC SHORES FL 32118
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

08/03/1988

3a. Date of Last Report

05/23/1994

4. FEI Number

59-2906749

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under Section 218,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc.

State Apt # etc.

City & State

City & State

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25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALAIN, MYARA
2060 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and Director (if applicable)

Signature of New Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PVD MYARA, ALAIN
12.2	STREET ADDRESS	525 N. ATLANTIC AVE.
12.3	CITY & STATE	DAYTONA BEACH FL 32118
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY & STATE	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY & STATE	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY & STATE	

13.1	NAME	☐ Change ☐ Addition
13.2	STREET ADDRESS	
13.3	CITY & STATE	
13.4	NAME	☐ Change ☐ Addition
13.5	STREET ADDRESS	
13.6	CITY & STATE	
13.7	NAME	☐ Change ☐ Addition
13.8	STREET ADDRESS	
13.9	CITY & STATE	
13.10	NAME	☐ Change ☐ Addition
13.11	STREET ADDRESS	
13.12	CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and shows full compliance for the corporation stated in Sections 199.02(2)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect for all purposes under which that I am an officer or director of the corporation or the registered or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or as an officer or director with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4-28-95

904-253-7127