

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000959 (6)

1. Corporation Name

FLORIDA DAY CRUISE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O GLENN G KOLK
520 BRICKELL KEY DRIVE SUITE 1606
MIAMI FL 33131

C/O GLENN G KOLK
520 BRICKELL KEY DRIVE SUITE 1606
MIAMI FL 33131

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **335 Beard Street**

26 **335 Beard Street**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Tallahassee FL**

28 **Tallahassee FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32303**

25 **US**

29 **32303**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOLK, GLENN G
C/O GLENN G KOLK
520 BRICKELL KEY DRIVE SUITE 1606
MIAMI FL 33131**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent first time; thereafter:

(NOTE: Registered Agent signature required when revoking.)

DATE:

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MAHAFFEY, C BRANCH**
STREET ADDRESS **336 E. DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **STD** ☐ DELETE
NAME **HREN, MARGARET**
STREET ADDRESS **2400 W.CYPRESS CREEK #200**
CITY-ST-ZIP **FT.LAUDERDALE FL 33009**

TITLE **SD** ☐ DELETE
NAME **KOLK, GLENN G**
STREET ADDRESS **520 BRICKELL KEY DR STE 1606**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLENN G. KOLK

April 22, 1996

Date

205 374-5200

Daytime Phone

CR2E037 (12/95)