

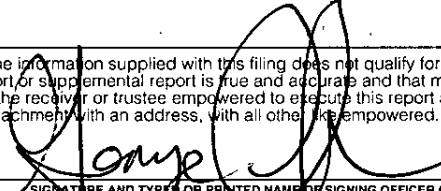


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # P00000067048</b> 1. Entity Name <b>FLORIDA CRUISE CONNECTION, INC.</b>						<b>FILED</b> <b>04 MAY 21 PM 11:16</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>31 SARASOTA CENTER BLVD SARASOTA, FL 34242</b>				Mailing Address <b>ONE RIVERWAY - SUITE 500 HOUSTON, TX 77056-1921</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>c/o AMERICAN COACH LINES 705 LIVELY AVENUE</b>					
City & State		City & State <b>NORCROSS, GA</b>					
Zip		Zip <b>30071</b>					
4. FEI Number <b>76-0649409</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
<b>900036992479</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELL, LINDA</b> <b>ONE RIVERWAY - SUITE 500</b> <b>HOUSTON, TX 770561921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARIA BANKEMPER</b> <b>31 SARASOTA BLVD.</b> <b>SARASOTA, FL 34242</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCS</b> <b>LONGO, ROBERT E</b> <b>ONE RIVERWAY - SUITE 500</b> <b>HOUSTON, TX 770561921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S/D</b> <b>MARK KONITTINEN</b> <b>220 S. DIXIE HIGHWAY - SUITE 2</b> <b>LAKE WORTH, FL 33460</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>YOUNG, DAVID</b> <b>ONE RIVERWAY - SUITE 500</b> <b>HOUSTON, TX 770561921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/AS/D</b> <b>MICHAEL C. LEE</b> <b>780 THIRD AVENUE, 40th FL</b> <b>NEW YORK, NY 10017</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>ROSECRANS, SHAYNE</b> <b>ONE RIVERWAY, STE 500</b> <b>HOUSTON, TX 77056</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/AS/D</b> <b>GEORGE J. HENRY</b> <b>780 THIRD AVENUE, 40th FL</b> <b>NEW YORK, NY 10017</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BANKEMPER, MARIA</b> <b>31 SARASOTA CENTER BLVD.</b> <b>SARASOTA, FL 34240</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM BERGSTROM</b> <b>705 LIVELY AVENUE</b> <b>NORCROSS, GA 30071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUGLAS H. BAGIN</b> <b>780 THIRD AVENUE, 40th FL</b> <b>NEW YORK, NY 10017</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> 				<b>GEORGE J. HENRY</b>			
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>05-19-04 (212) 39-3633</b> Daytime Phone # <b>MW</b>			

2 y 2

**ADDITIONAL DIRECTORS**

D  
OTTAVIO SERENA  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017

D  
CHRISTOPHER F. CARMEL  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017

D  
JOSEPH VITTORIA  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 668211 7266721

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : May 20, 2004

ORDER TIME : 9:50 AM

ORDER NO. : 668211-035

CUSTOMER NO: 7266721

CUSTOMER: Ms. Julie Mendoza  
Pitney, Hardin, Kipp & Szuch  
685 Third Avenue

New York, NY 10017

ANNUAL REPORT FILING

NAME: FLORIDA CRUISE CONNECTION,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS:

RECEIVED  
04 MAY 21 AM 10:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA