

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P19007 (4)
1. Corporation Name
EUROPA CRUISE LINE, LTD., INC.



Principal Place of Business
150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708
US

Mailing Address
150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1988	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2809062	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BULLOCK, LESTER E
150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name
Deborah A. Vitale
82 Street Address (P.O. Box Number is Not Acceptable)
150 - 153rd Avenue, Suite 200
83
84 City
Madeira Beach FL 85 Zip Code
33708

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 607.0515, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, LESTER E	1.2 NAME	
STREET ADDRESS	150 153RD AVE, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITALE, DEBORAH A	2.2 NAME	
STREET ADDRESS	150 153RD AVE., SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEDLEY, PIERS	3.2 NAME	Duber, John R.
STREET ADDRESS	150 153RD AVE, SUITE 200	3.3 STREET ADDRESS	20018 Westover Ave.
CITY-ST-ZIP	MADEIRA BEACH FL	3.4 CITY-ST-ZIP	Rocky River, Ohio 44116
TITLE	CFO	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLADSTONE, DEBRA	4.2 NAME	DeMattia, Paul J.
STREET ADDRESS	150 153RD AVE, SUITE 200	4.3 STREET ADDRESS	4002 Pine Forest Drive
CITY-ST-ZIP	MADEIRA BEACH FL	4.4 CITY-ST-ZIP	Parma, Ohio 44134
TITLE		5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Harrison, Gregory
STREET ADDRESS		5.3 STREET ADDRESS	16209 Kimberly Grove
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gaithersburg, Maryland 20878
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE

(Signature)

4-6-98 813-393-2885

CR2E034 (10/97)