

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P29159 (1)

1. Corporation Name

PRINCESS CRUISES, INC.

Principal Place of Business

Mailing Address

1800 ELLER DRIVE  
FT. LAUDERDALE FL 33316

1800 ELLER DRIVE  
FT. LAUDERDALE FL 33316



3. Date Incorporated or Qualified

05/01/1990

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

26 10100 Santa Monica Blvd.

4. FEI Number

94-1493329

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

27 Suite 1800/Legal

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

City & State

28 Los Angeles, CA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

Country

Zip

Country

29 90067

30 USA

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed of name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DC  
HARRIS, T.C.  
STREET ADDRESS 10100 SANTA MONICA BL.  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ DELETE

NAME DP  
RATCLIFFE, P.G.  
STREET ADDRESS 10100 SANTA MONICA BL.  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ DELETE

NAME DV  
VEITCH, D.C.S.  
STREET ADDRESS 10100 SANTA MONICA BL.  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ DELETE

NAME TV  
RUMBLE, C  
STREET ADDRESS 10100 SANTA MONICA BL.  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☒ DELETE

NAME DSV  
WARREN, M.E.  
STREET ADDRESS 10100 SANTA MONICA BLVD  
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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

ANTHONY H. KAUFMAN

JULY 2, 1996 (310) 5531770

Date

Display Phone #

CR2E034 (3/96)