

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30958 (3)

1. Corporation Name

EUROPA CRUISES OF FLORIDA 2, INC.



Principal Place of Business

Mailing Address

150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708
US

150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708
US

3. Date Incorporated or Qualified
09/13/1990

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3025156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

C T CORPORATION SYSTEM
150 153RD AVE
SUITE 200
MADEIRA BEACH FL 33708

81 Name

BULLOCK, LESTER

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

150-153rd Ave.

83

Suite 200

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 607.0505, Florida Statutes.

SIGNATURE

Lester E. Bullock
Signature, typed or printed name of registered agent and the corporation

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

DATE

Lester E. Bullock, President / 2/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VITALE, DEBORAH A	
STREET ADDRESS	150 153RD AVE. STE 200	
CITY - ST - ZIP	MADEIRA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BULLOCK, LESTER E	
STREET ADDRESS	150 153RD AVE, SUITE 200	
CITY - ST - ZIP	MADEIRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, STEPHEN M	
STREET ADDRESS	150 153RD AVE, SUITE 200	
CITY - ST - ZIP	MADEIRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, ERNST G	
STREET ADDRESS	150 153RD AVE, SUITE 200	
CITY - ST - ZIP	MADEIRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clarkstone, Debra	
5.3 STREET ADDRESS	150-153rd Ave, Suite 200	
5.4 CITY - ST - ZIP	MADEIRA BEACH, FL 33708	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hedley Piers	
6.3 STREET ADDRESS	150-153rd Ave, Suite 200	
6.4 CITY - ST - ZIP	MADEIRA BEACH, FL 33708	

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

SIGNATURE:

Lester E. Bullock, President
Signature and Typed or Printed Name of Signing Officer or Director

4/22/96. 813-393-2885

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96