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May 15, 1999 8:00 am
Secretary of State
05-15-1999 90008 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30958

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

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 09/13/1990

4 FEI Number: 59-3025156 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

Name and Address of Current Registered Agent

VITALE, DEBORAH A
150-153RD AVE
STE 200
MADEIRA BEACH FL 33708

Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE
Signature, type or printed name of Registered Agent and title if applicable. NOTE: Registered Agent signature required when changing.

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS TO OFFICERS AND DIRECTORS
TITLE	D ☐ DELETE	☐ Change ☐ Add
NAME	HARRISON, GREGORY A	
STREET ADDRESS	16209 KIMBERLY GROVE	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	P ☐ DELETE	☐ Change ☐ Add
NAME	VITALE, DEBORAH A	
STREET ADDRESS	150 153RD AVE, SUITE 200	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	D ☐ DELETE	☐ Change ☐ Add
NAME	DUBER, JOHN	
STREET ADDRESS	20018 WESTOVER AVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	D ☐ DELETE	☐ Change ☐ Add
NAME	DEMATTIA, PAUL J	
STREET ADDRESS	4002 PINE FOREST DR	
CITY-ST-ZIP	PARMA OH 44134	
TITLE	☐ DELETE	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.

DEBORAH A. VITALE PRESIDENT 4/29/99