FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:24

DOCUMENT # **P30959** **(1)**

1. Corporation Name
EUROPA CRUISES OF FLORIDA I, 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
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3025155 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	REDDIEN, CHARLES H.	12 NAME	DELETE	
STREET ADDRESS	150 153RD AVE, SUITE 200	13 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	☒ Change ☐ Addition	
NAME	PETTY, SHARON E.	22 NAME	DELETE	
STREET ADDRESS	150 153RD AVE, SUITE 200	23 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	WALTER, ERNST G	32 NAME		
STREET ADDRESS	150 153RD AVE, SUITE 200	33 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	VITALE, DEBORAH A	42 NAME		
STREET ADDRESS	150 153RD AVE, SUITE 200	43 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	☒ Change ☐ Addition	
NAME	TURNER, STEPHEN M	52 NAME	DELETE	
STREET ADDRESS	150 153RD AVE., SUITE 200	53 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☒ Addition	
NAME		62 NAME	PD BULLOCK, LESTER E.	
STREET ADDRESS		63 STREET ADDRESS	150 153RD, SUITE 200	
CITY-ST-ZIP		64 CITY-ST-ZIP	MADEIRA BEACH, FL	

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)(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, added or deleted.

SIGNATURE: Lester E Bullock 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310700 CP

P30C159

EUROPA CRUISE LINE, LTD., INC.

P,D	BULLOCK, LESTER E. 150 - 153RD AVE., SUITE 200 MADEIRA BEACH, FL 33708	ADDITION