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 25 AM 11:57

DOCUMENT # P93000005295 (9)

1. Corporation Name
CELEBRATION CRUISES, INC.

Principal Place of Business	Mailing Address
4256 RUDDER WAY NEW PORT RICHEY FL 34652	4256 RUDDER WAY NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 3837 SAIL DR
22: Suite, Apt. #, etc
23: City & State: NEW PORT RICHEY FL
24: Zip: 34652
25: Country

2a. Mailing Address
26: 3837 SAIL DR
27: Suite, Apt. #, etc.
28: City & State: NEW PORT RICHEY FL
29: Zip: 34652
30: Country

4. FEI Number: APPLIED FOR 59-3159841 ☐ 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

KOLOKITHAS, ALEX
4256 RUDDER WAY
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: KOLOKITHAS ALEX
82 Street Address (P.O. Box Number is Not Acceptable): 3738 SAIL DR.
83: NEW PORT RICHEY FL
84 City: FL 85 Zip Code: 34652

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	KOLOKITHAS, ALEX	12 NAME	
STREET ADDRESS	4256 RUDDER WAY	13 STREET ADDRESS	3738 SAIL DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	14 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	KOLOKITHAS, MOLLIE	22 NAME	
STREET ADDRESS	4256 RUDDER WAY	23 STREET ADDRESS	3738 SAIL DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	24 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Alexander Kolokithas 5-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384066 CP