FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000013598 (6)**

1. Corporation Name

A CRUISE BARGAINS, INC.

Principal Place of Business

1060 WEST STATE ROAD 434
SUITE 226
LONGWOOD FL 32750

Mailing Address

1060 WEST STATE ROAD 434
SUITE 226
LONGWOOD FL 32750

3. Date Incorporated or Qualified: **02/15/1993**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-3171006** [ ] 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

2. Principal Place of Business

21 2460 W. SR 434
22 Suite, Apt. #, etc.
23 Longwood Fl
City & State
24 32779 Zip
25 USA Country

2a. Mailing Address

26 2460 W. SR 434
27 Suite, Apt. #, etc.
28 Longwood Fl
City & State
29 32779 Zip
30 USA Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CROUCH, DONNA K
1060 W. STATE ROAD 434
SUITE 226
LONGWOOD FL 32750

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

(Signature, Typed or printed Name of Registered Agent) (If the Registered Agent is a corporation, signature of an officer) (Date)

12. OFFICERS AND DIRECTORS

TITLE **PD** [ ] DELETE
NAME **CROUCH, DONNA K**
STREET ADDRESS **1060 W. STATE ROAD 434, SUITE 226**
CITY-ST-ZIP **LONGWOOD FL 32750**
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: Donna Crouch 4/4/95 (407) 774-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #