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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # P93000036761 (3) 1. Corporation Name								
•	EAN CRUISES, INC.						######################################	
Principal Place of	of Business	Mailing Address				IA EMILTON		H
241 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334		241 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334						
					3. Date Incorporated or Qualified 05/21/1993		e of Last Report)4/04/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 15-0422290		Applied Fo	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Ζιρ 24	Country 25	Z _Ψ)	Country 30		8. This corporation has liability fo Florida Statutes	r intangible s \ \ No		
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New	Registered	Agent	
HOLEO	OARY R		81 Na	me				
HONIG, GARY D HONIG, SEGALL & SEGALL 2500 EAST HALLANDALE BEACH BLVD.,#707B HALLANDALE FL 33009			82 Street Ad		s (P.O. Box Number is Not Accepta	able)		
			83					
			84 Cit	hz.			85 Zip Code	
				·		FI	-	
or registere familiar with	ed agent, or both, in the State of F	502 and 607,1508, Florida Statute Florida, Such change was authorizo Section 607,0505, Florida Statutes.	s, the above-name d by the corporati	ea corporat on's board	ion submits this statement for the p of directors. Thereby accept the ap	urpose of al pointment a	nanging its registered i s registered agent. I a	office Mi
SIGNATURE	Signature, typed or printed han elof registered a		E. Birgistered Agnotis gro	stone required v	hen rein dating	DAIS		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	<u></u>	
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CITY-ST-ZIP	FORT LAUDERDALE FL 3		1.4 CHY-\$1-ZIP					
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CITY-ST-ZIP	porting that the information a mail	ind with this function advantagit, furn	64 CITY - ST - Z #		the exemption stated in Section 11	0.07/20/0.	lorido Ctabuton I furthe	Or .

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 early that I am an officer or director of this 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRCLETOR

321-96 954-491-0333