SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000039394 (0)**

1. Corporation Name
THE CRUISE EXPERTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~808 DUNLAWTON AVE.~~ ~~SUITE 4~~ ~~PORT ORANGE FL 32127~~ (moved)	~~808 DUNLAWTON AVE~~ ~~SUITE 4~~ ~~PORT ORANGE FL 32127~~ (moved)

3. Date Incorporated or Qualified: 06/02/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3187403 ☐ 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	2a. Mailing Address
21 100 E. Granada Blvd	26 100 E. Granada Blvd
Suite, Apt. #, etc 22 200	Suite, Apt. #, etc 27 200
City & State 23 Ormond Beach, FL	City & State 28 Ormond Beach, FL
Zip 24 32176 Country 25 U.S.A.	Zip 29 32176 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
BECKMANN, MILAN
808 DUNLAWTON AVE.
SUITE 4
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name: Deanna Bedford
82 Street Address (P.O. Box Number is Not Acceptable): 100 E. Granada Blvd.
83
84 City: Ormond Beach FL 85 Zip Code: 32176

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: DBedford — 6-17-96
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
D BECKMANN, MILAN 808 DUNLAWTON AVE., SUITE 4 PORT ORANGE FL 32127	☑ DELETE	
D BECKMANN, JOAN 808 DUNLAWTON AVE., SUITE 4 PORT ORANGE FL 32127	☑ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Owner Deanna Bedford 100 E. Granada Blvd. Suite 200 Ormond Beach, FL 32176	☑ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DBedford — 6-17-96 (904) 761-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #