FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000052292 (8)

CRUISERS ENTERTAINMENT, INC.

| Principal Plac | e of Business | Mailing Address | | | | | | | |
|--|---|---|------------------|----------|----------------------|---|----------------|-------------------------|--------------------------|
| 6461 GARDEN ROAD 6461 GARDEN ROAD SUITE 102 SUITE 102 | | | | | | | | | |
| RIVIERA BEAC | H FL 33404 | RIVIERA BEACH FL 3340 | XI-6315 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 07/20/1993 | | te of Last R 01/1996 | lepon |
| · | Place of Business | 2a. Mailing Address | | | | 4. FEI Number 65-0429615 | | h | pplied For |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | | | 0370428013 | | | ot Applicable Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | equired |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | Т ~ | | | Trust Fund Contribution | У_ | | to Fees |
| Zip | Country | Zip | Cou | niry | | This corporation has liability for Florida Statutes | | tax under s]] No | . 199.032. |
| 24 | 25 9. Name and Address of Curre | 29 ent Registered Agent | 30 | | | 10. Name and Address of New Ri | - - | | |
| SCH | HNEIDER, JOHN C | | | 81 | Name | | | | |
| SUITE 300 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ole) | | |
| 515 NORTH FLAGLER DRIVE | | | | | | | | | |
| WES | ST PALM BEACH FL 33401 | | | 83 | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuani | to the provisions of Sections 607.05 | 02 and 607 1508. Florida Stat | utes the at | DOVE | -named corpo | oration submits this statement for the | | changing it | ts registered |
| l office or r | registered agent, or both, in the Stal | te of Florida. Such change was | s authorized | vd b | the corporation | on's board of directors. I hereby acce | of the appr | ointment as | registered |
| I SIGNATURE | and the man the transfer and bear | ga., 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00 | | | • | | | | |
| | Stgrature, typed or profed name of registered a | | |) Age | nt signature require | ed when reinstaling) | DATE | | |
| 12. | OFFICERS A | ND DIRECTORS DELETE | 13. | | 1 | ADDITIONS/CHANGES TO OFFI | ZERS AND | DIRECTOR Change | RS IN 12 |
| Title NAME | BELL, DALE | L.J Detter | 1.1 TI 1.2 N/ | | | | | CHange | L Addition |
| STREET ADDRESS | 4451 GARDENIA DRIVE | | | | ADDRESS | | | | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL | 33410 | 1.4 CITY-ST-ZIP | | | | | | |
| THILF | | DELETE | | | | | | Change | Addition |
| NAME | | | 2.2 N/ | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 ST | REET. | address | | r • | r | |
| CITY ST-ZIF | | | 2.4C | | T-ZIP | | | T 6. | |
| TOLE | L_J DELET | | 3.1 TO | | | | | L Change | Addition |
| NAME | | | 3.2 N/ | | | | | | |
| STREET ADDRESS | | | 3.3 S1 3.4. C | | ADDRESS . | | | | |
| CITY-ST-ZIP | | DELETE | 4.1 TC | | 1- ZIP | | | Change | Addition |
| NAME: | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 Ci | TY-\$1 | - ZIP | | | | |
| THE | | ☐ DELETE | 5.1 T(| LE | | | | ☐ Change | Addition |
| NAME | | | 5.2 N/ | | | | | | |
| STREET ADDRESS | | | | | address | | | | |
| CITY-SI-7IF | | ☐ DELETE | 5.4 C/ | | 1-ZIP | ····· | | TT Channel | |
| DILE | | LI DEREIE | 6.1 TI | | | | | Change | Addition |
| NAME STREET ADDRESS | | | | | ADDRESS | | | | |

6.4 CITY - ST - 2IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

14. I do hereby certify that the information supplied with this filling 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 leport as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, so on an attachment with an address.

FILED

Apr 16 1997 8:00am

Secretary of State